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## APPENDICES

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1. Definitions of Terms

AMC the Australian Medical Council.

ANZBA Australian and New Zealand Burns Association.

Applicant an individual who applies for selection into the Plastic and Reconstructive Surgical Training Program.

ASPS the Australian Society of Plastic Surgeons.

ASSET Australian and New Zealand Surgical Skills Education and Training.

Board of Plastic and Reconstructive Surgery.

CCrISP Care of the Critically Ill Surgical Patient.

CLEAR Critical Literature Evaluation and Research.

CMF 4+2 the Craniomaxillofacial Training Program.

College or RACS the Royal Australasian College of Surgeons.

CPD Continuing Professional Development

DOPS Direct Observation of Surgical Procedures.

EMSB Emergency Management of Severe Burns.

FRACS Fellow of the Royal Australasian College of Surgeons.

IMG International Medical Graduate.

Mini-CEX Mini Clinical Examination Exercise.

NZAPS the New Zealand Association of Plastic Surgeons.

P&RS Plastic and Reconstructive Surgery.

PPA Professional Performance Assessment.

Selection into the accredited Plastic and Reconstructive Surgical Training Program.

SET Surgical Education and Training.

TMP the online Trainee Management Program.
2 Introduction to the Training Organisations

The Royal Australasian College of Surgeons has the overall responsibility for the training, education and accreditation of surgeons in Australia and New Zealand and is responsible for the determination of general standards in these areas.

The College has a formal Service Agreement with each of the Surgical Societies which stipulates the training responsibilities of each party. The Australian Society of Plastic Surgeons works in concert with RACS through this mechanism, whilst the New Zealand Association of Plastic Surgeons has elected to work from within the College framework to administer training in New Zealand.

Training programs are run separately in Australia and New Zealand with respect to trainee selection and placement. Occasional exchanges between training posts in the two countries are made on a case by case basis. Overall supervision and control of the training programme remains with the Board of Plastic and Reconstructive Surgery.

2.1 The Board of Plastic and Reconstructive Surgery is an elected binational committee within RACS which works together with ASPS and NZAPS to conduct the SET programme.

The Board members include:

- The Chair of the Board of P&RS
- The Chair of the Training Subcommittee from each region of Australia
- The Chair of the Training Subcommittee in New Zealand
- The Senior Examiner from the Court of Examiners in P&RS
- The President of ASPS
- The President of NZAPS
- The RACS Representative for P&RS
- The Trainee Representative for P&RS

The Board has a Regional Subcommittee in each Australian State and in New Zealand, chaired by the representatives from each region who sit on the Board. These subcommittees are comprised of Plastic and Reconstructive Surgical Fellows who supervise accredited trainees in each region. Each subcommittee is chaired by a representative who attends binational Board meetings.

Surgical Supervisors are appointed by the College on the advice of the Board and the respective training unit. This is an official position with defined training duties.

Regional Chairs appoint a trainee to act as a trainee representative for their respective regions. The Board also appoints an overall trainee representative who represents all trainees. This representative attends Board meetings and selected functions. All trainee representative appointments and the duration of such appointments are at the discretion of the Board.
THE BOARD OF PLASTIC AND RECONSTRUCTIVE SURGERY

2.3 RACS is responsible for the following and should be contacted for any information or queries in relation to these aspects of training. Enquiries may also be made initially through the Unit Supervisor of Training.

- Setting all training fees.
- Annual training enrolment forms.
- Oversight and conducting the SET 1, Surgical Sciences Examination and Clinical Examination, the SET 2, Plastic and Reconstructive Surgical Sciences and Principles Examination, and the Final Fellowship Examination.
- The receipt of applications for the above examinations.
- Selection and appointment of examiners to serve on the Court of Examiners.
- Determination of the timing and location of examinations.
- The setting and collection of examination fees.
- Maintenance of examination records.
- The setting of required standards for examinations through the Court of Examiners.
- Determination of the duration and form of examinations through both the Court of Examiners and the Board.
- The issuing of examination results and providing feedback.
- Fellowship certifications.
- All matters relating to the award of the FRACS (Plastic & Reconstructive Surgery)
- Handling all complaints concerning the above matters.
- Handling all disputes and appeals that cannot be resolved at the regional or Board level.

2.4 The Board of Plastic and Reconstructive Surgery is responsible for the day-to-day administration of the training programme in Plastic and Reconstructive Surgery. This is conducted through the ASPS and RACS NZ offices in Sydney and Wellington. Administrative responsibility is relayed through the previously described Regional Subcommittees. The Board carries out the following responsibilities through ASPS and the NZ RACS office:

- Maintaining a file for each accredited trainee.
- Maintaining an up-to-date data base with information on the current address, contact details and hospital placement for each trainee.
- Maintaining a list of hospitals with accredited training posts, specifying the number of accredited posts and unit inspection data inclusive of history, caseload and case mix. Inspection information and the Supervisor of Training at each hospital are also kept on file.
- Organising hospital unit inspections and coordinating the inspections process with jurisdictional representatives.
- Managing requests for information from accredited hospitals and hospitals seeking accreditation.
- Determining the selection criteria for selection into the P&RS SET program.
- Advertising the availability of posts for Training.
- Receiving and processing applications for training in Plastic and Reconstructive Surgery.
• Assessing applications according to published criteria, organising the referee report process, and conducting applicant interviews.

• Advising applicants of the outcome of their application for training.
• Liaising with jurisdictions regarding hospital placement for accredited P&RS trainees.
• Provision of trainee supervision.
• Informing trainees of the mentoring program.
• The development and review of curriculum in conjunction with the Court of Examiners.
• The development of tutorial programs through the regional subcommittees in each state.
• Guiding P&RS SET trainees to and approving presentation for the Surgical Sciences and Principles, and Fellowship Examinations.

2.5 Legal and Ethical Responsibilities

It is the trainee's personal responsibility to ensure that they are acting within legal and ethical guidelines regarding practices in and around assisting and billing in their state or region. It is imperative that each trainee checks both the hospital policy and/or regional health or state health authority's guidelines and policies in relation to the trainee billing for assistance with their consultants, both in the hospitals in which they work and other public or private hospitals off campus. This also applies to all cases assisted under Workcover or Workers' Compensation. The trainee should be very clear of their personal accountability in relation to the above circumstances.
3. Curriculum Overview

The curriculum for Surgical Education and Training in Plastic and Reconstructive Surgery consists of eight (8) modules of equal weighting. Each of the modules contain material which is presented under the headings of Revisional Knowledge, Core Knowledge, and Outline Knowledge.

Revisional Knowledge should be largely covered in preparation for the Plastic & Reconstructive Surgical Sciences and Principles examination, but continued revision and updating throughout clinical training is required.

Core Knowledge is the material which will be required to be known in detail for the Fellowship Examination and to practice Plastic & Reconstructive Surgery in general.

The principles of Outline Knowledge need to be understood; but a detailed knowledge, such that the trainee would be expected to manage the conditions on his or her own is not required. Further training would be required to practice in these specific areas. Reading material will be presented, but cannot be all encompassing, nor can the material listed in the curriculum modules. Plastic & Reconstructive Surgery is an evolving and changing area and trainees are required to read widely in the literature and keep up with recent developments.

The curriculum is divided into modules along largely anatomical lines and most topics within the modules are then allocated to one of the following largely pathological regroupings.

3.1 Curriculum Modules

Surgical Science and Principles
Craniomaxillofacial
Facial Soft Tissues
Hand, Upper Limb and Microsurgery
Head and Neck
Lower Limb and Foot
Skin and Integument
Trunk, Perineum and Breast

3.2 Pathological and Technical Subgroups

Aesthetic
Congenital and Paediatric
Degenerative and Others
Inflammatory and Infection
Neoplastic and Tumours
Procedures and Techniques
Trauma

Each regional training program may promulgate a different emphasis or mode of teaching, but the standardized curriculum ensures that each trainee acquires the minimum level of knowledge and skills against which they will be finally assessed to obtain Fellowship in Plastic and Reconstructive Surgery.
4 Training Administration

The objectives of the training programme are to build on the strength of trainees and develop high level competencies in Plastic and Reconstructive Surgery. At the completion of the program, graduates are expected to be highly skilled and professional Plastic and Reconstructive surgeons who communicate well with patients and hospital staff, who are tolerant, compassionate and prepared to put something back into the professional and wider communities.

4.1 Trainee Selection in Australia

A national selection process for entry to the specialist program of Training in Plastic and Reconstructive Surgery was introduced in 2001. The national approach was adopted as the most equitable process for the selection of applicants and was designed to ensure selection of the best candidates. The process explores the abilities, experience, standard of work performance and personal qualities of applicants that would enable them to perform all the required duties of a SET trainee, achieve all of the objectives of this Training program, and become a skilled and highly competent Plastic and Reconstructive Surgeon.

4.2 Trainee Selection in New Zealand

The New Zealand Selection Process is coordinated by the New Zealand training committee with administrative support from the New Zealand office of the Royal Australasian College of Surgeons. The process is similar to Australian Selection and Trainees must agree to participate in training rotations through the various units around the country.

4.3 Applicant Standards

A range of professional and capability factors are considered in P&RS applicants. In general, applicants accepted into P&RS SET should:

- Be dedicated to achieving and maintaining high standards of patient care.
- Exercise sound clinical and ethical judgment.
- Have the ability to develop the required technical competence.
- Have a commitment to quality and safety in healthcare.
4.4 General Trainee Performance Standards

Accredited Plastic and Reconstructive Surgical Trainees are expected to:

- Complete all aspects of the training program, including the performance of Plastic and Reconstructive Surgery procedures and treatment modalities.

- Undertake all the duties associated with being a P&RS Trainee conscientiously and with initiative.

- Assimilate, assess and evaluate knowledge in order to apply it to the care of patients with P&RS conditions.

- Have a commitment to self-improvement through ongoing self-directed learning and realistic self-assessment.

- Have a demonstrable interest in research.

- Be able to exercise sound clinical ability and judgment in a wide range of clinical settings.

- Have the capacity to undertake complex work.

- Demonstrate an appropriate degree of surgical dexterity.

- Be punctual and able to work reliably to the requirements of the P&RS department and the hospital administration.

- Be able to communicate effectively and appropriately with colleagues, allied healthcare workers and members of hospital administration.

- Have the ability to cope under pressure and manage a demanding workload in stressful situations.

- Be able to work with colleagues in other branches of medicine in order to contribute Plastic and Reconstructive Surgery information to the management of patients with multiple medical problems.

- Be interested in supporting and participating in the training of medical students, nurses and other P&RS trainees.

- Be tolerant, understanding and compassionate when interacting with patients.

- Demonstrate high ethical and moral standards in all interactions with patients, patients’ relatives and colleagues.

- Always be aware of their personal and professional limitations when managing patients and be able to recognize when to seek help and guidance from more experienced personnel.

- Show evidence of interests and activities in the broader community.

- Understand the responsibility assumed by a Plastic and Reconstructive surgeon in meeting the health and welfare needs of the community.
4.5 Duration of Training, Training Interruptions, and Training Post Appointments.

Trainees will begin training at SET I and are to complete five (5) years of Surgical Education and Training in Plastic and Reconstructive Surgery. Trainees appointed to the Australian national program may be appointed to accredited posts in States different to that of their initial application. Where a trainee is accepted into training in a training allocation other than in their preferred state, the trainee may be required to remain in that state for the duration of their training. Efforts may be made to return the trainee to their home state during their training, where possible.

New Zealand trainees are required to participate in training rotations in all four training units.

The recognition of appointments to overseas posts or the conducting of formal research during accredited training requires prospective application and approval by the Board of Plastic and Reconstructive Surgery.

If there have been documented inadequacies in a Registrar’s training due to sickness or other problems, the Regional Subcommittee in consultation with the Board may require the trainee to do a further period of training, and may delay approval to present for Final Fellowship Examination. Admission to Fellowship will not be approved until the completion of training.

There are stipulated policies within RACS pertaining to deferred or interrupted training. In Australia, any such application must be made as early as possible directly to The Chairman of the Board of Plastic and Reconstructive Surgery. For New Zealand based Trainees, application should be made to the Chairman of the NZ Education and Training Sub-Committee.

Trainees should appreciate that they are selected to the training program with a recommendation as to the post they should apply for. The appointment process for these posts are however separate and are the responsibility of the various hospital authorities.

Trainees need to ensure that their performance in their pre-selection and subsequent years is sufficient to ensure that they would achieve appointment to the appropriate hospital. It is the trainee’s responsibility to apply for the recommended hospital post and complete all the appointment formalities.

Failure to achieve appointment may jeopardize the trainee’s position in the training program.

All Trainees should be aware that they are not appointed for a four or five year period, but rather are reappointed on an annual basis, conditional upon satisfactory performance.
4.6 General Trainee Duties

Throughout their training, trainees will work in various hospitals, each with varying demands and expectations. These guidelines have been put together to give trainees a general understanding of what is expected of a specialist plastic surgery trainee, although there may be some inter-hospital differences from time to time.

Ward Service

The trainee’s position in most hospitals will be the unit representative on the wards, with the trainee expected to carry out the day to day clinical management of the patients. This is an important part of the overall management of the plastic surgery unit and trainees are expected to conduct themselves in an appropriate manner.

Trainees are expected to review patients daily prior to the start of any scheduled activities such as theatre, outpatients or unit grand rounds. This is to ensure that not only are all patients satisfactory from a medical and surgical viewpoint, but is also an opportunity for the trainee to liaise with nursing staff and manage the discharging of patients.

The trainee should take full responsibility for knowing all relevant investigation results, appropriate referrals to other units, and discharge planning. Consultants should be promptly contacted if any problems are encountered while conducting these tasks.

Theatre

In most hospitals, it will be the responsibility of the registrar to ensure that theatre lists are booked appropriately. This may need to be done in conjunction with the Consultant responsible for that list.

When possible, the registrar should see all patients on that list prior to their arrival in the theatre complex. The registrar should be prepared for the theatre list in terms of having a good understanding of the history of the patient, all facets of the procedure and relevant anatomy. If a registrar is not appropriately prepared for a case then it is unlikely that he or she will be permitted to perform the operation as the primary surgeon.

Emergency Referrals

The load of emergency work will vary from hospital to hospital. In general, all referrals from the emergency department should be attended to in a timely manner, either by the trainee themselves or by the unit resident when the trainee is unavailable.

All referrals from the emergency department should either be seen directly by the unit or referred to an appropriate clinic for review. It is also the responsibility of the registrar to make theatre arrangements when appropriate. This involves the notification of the necessary staff (eg nursing, bed officer, and anaesthetic staff).

The exact protocol for emergency theatre bookings in each hospital will vary and trainees should familiarise themselves with their hospital’s protocol at the commencement of their term. The on call consultant should be notified of all referrals in a timely manner, and no patient should be taken to theatre without the prior knowledge of the on call consultant.
Ward Referrals

When dealing with other units in the hospital the trainee is usually the unit representative. Trainees must treat staff from other units in an appropriate manner at all times. In general, plastic surgery units have few patients that are directly under their own bed card, and a moderate to large number of patients being managed jointly with other units. It is expected that all patients for whom the unit has an active role should be seen as part of the daily ward round. The unit registrar should have an understanding of their management as if they were directly under the bed card of the plastics unit.

Leave

SET trainees are entitled to all holidays and study leave in accordance with the appropriate award. All leave requests should be made in accordance with hospital procedure and the Head of the Unit must be aware of this application at least two weeks prior to leave. Australian trainees must ensure that appropriate cover arrangements are made. New Zealand trainees must also ensure that leave is made in accordance with the individual employment contract and timeframes. New Zealand Trainees are not required to make cover arrangements.

Leave Prior to the Examinations

Trainees are requested to consider proper planning and preparation for examinations and to avoid taking excessive leave immediately prior to presentation. Extended absences complicate proper assessment and negatively impact service requirements. Trainees are also encouraged to discuss examination preparations with Surgical Supervisors or Regional Chairs.

Junior Staff

In most positions, the trainee will be responsible for a number of junior staff members. The junior staff will come to the unit with a variable amount of plastic surgical and medical experience. The registrar should ensure that the junior staff are carrying out their duties appropriately, which include arriving promptly for ward rounds, attending theatre lists, the clerking of patients, the ordering of appropriate investigations, following up on the results of investigations, arranging referrals, and patient discharges. It is expected that the resident should write in the charts of all patients under the care of the unit or referred to the unit on a daily basis. If problems arise with a particular resident, these should be raised with the head of unit.

Audit

Most plastic surgery units will have some form of audit system. Often the data input is done by junior staff who may require varying levels of supervision to ensure that records are accurate.

On Call Responsibilities

When on call, Australian registrars are expected to provide the hospital switchboard with at least two methods of contact, such as a mobile and a pager. Trainees in New Zealand will be supplied with a long-range pager in accordance with their individual contract. New Zealand trainees are not expected to provide the switchboard with two methods of contact.

Photography

Trainees must be in compliance with current legislation regarding the acquisition, retrieval, storage, or display of photographic images in the hospital environment.
### 5 Trainee Examinations, Assessments and Requirements

#### 5.1 Summary of Training Requirements

In relation to assessments, the policy in Appendix X should also be referred to.

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<th>Timeline or Frequency</th>
<th>Administration</th>
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<td><strong>EXAMINATIONS MUST BE PASSED WITHIN 2 YEARS OF COMMENCING TRAINING OR 4 ATTEMPTS, OR TRAINEE DISMISSED FROM TRAINING</strong></td>
<td><strong>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</strong></td>
</tr>
<tr>
<td><strong>PLASTIC AND RECONSTRUCTIVE SURGICAL SCIENCES AND PRINCIPLES EXAMINATION (PRSSP)</strong></td>
<td><strong>TRAINEE SITS THIS EXAM IN SET1 IF THEY HAVE PASSED CE AND SSE. THIS EXAMINATION MUST BE PASSED WITHIN 4 ATTEMPTS OR BY COMPLETION OF SET4 OR TRAINEE DISMISSED FROM TRAINING</strong></td>
<td><strong>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</strong></td>
</tr>
<tr>
<td><strong>FELLOWSHIP EXAMINATION</strong></td>
<td><strong>TRAINEE SITS THIS EXAMINATION IN SETS AND MAY APPLY TO SIT IN SET4 IF IN THE CMF+2 PROGRAM. PERMISSION TO SIT THE FELLOWSHIP EXAMINATION IS AT THE BOARD’S DISCRETION</strong></td>
<td><strong>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</strong></td>
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<tr>
<td><strong>INTERIM AND FINAL PERFORMANCE REVIEW MEETINGS BETWEEN TRAINEE AND SURGICAL SUPERVISOR</strong></td>
<td><strong>1 INTERIM MEETING AND 1 FINAL MEETING PER SURGICAL TERM</strong></td>
<td><strong>MEETING TIME ARRANGED BY THE TRAINEE TWO WEEKS BEFORE THE MIDDLE AND END OF EACH SURGICAL TERM</strong></td>
</tr>
<tr>
<td><strong>PROFESSIONAL PERFORMANCE ASSESSMENT</strong></td>
<td><strong>1 INTERIM ASSESSMENT AND 1 FINAL ASSESSMENT PER SURGICAL TERM</strong></td>
<td><strong>COMPLETED BY THE SURGICAL SUPERVISOR IN THE ONLINE TRAINEE MANAGEMENT PROGRAM (TMP) IN THE PRESENCE OF THE TRAINEE AND SENT ELECTRONICALLY TO THE TRAINEE</strong></td>
</tr>
<tr>
<td><strong>LOGBOOK</strong></td>
<td><strong>1 LOGBOOK FOR EACH SURGICAL TERM</strong></td>
<td><strong>ENTERED BY THE TRAINEE VIA THE TMP AND APPROVED ELECTRONICALLY BY THE SUPERVISING CONSULTANT.</strong></td>
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### Summary of Training Requirements (Continued)

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<tr>
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<td>1 OF EACH PER SURGICAL TERM FOR SET1 AND SET2 TRAINEES</td>
<td>ENTERED BY THE TRAINEE VIA THE TMP AND APPROVED ELECTRONICALLY BY THE SUPERVISING CONSULTANT DURING PROCEDURE OR CLINICAL EXAM.</td>
</tr>
<tr>
<td><strong>RESEARCH REQUIREMENT</strong></td>
<td>4 POINTS OVER THE COURSE OF TRAINING (POINTS SYSTEM OUTLINED IN 5.8)</td>
<td>ONLY RESEARCH UNDERTAKEN AFTER SELECTION INTO THE TRAINING PROGRAM IS ACCREDITED</td>
</tr>
<tr>
<td><strong>REGISTRARS’ CONFERENCE</strong></td>
<td>ANNUAL WEEK-LONG EVENT WITH MANDATORY ATTENDANCE FOR SET 2-5 TRAINEES. A SEPARATE ANNUAL TRAINING EVENT MUST BE ATTENDED BY SET1 TRAINEES.</td>
<td>NOTIFICATIONS AND INFORMATION DISTRIBUTED BY THE EDUCATION DIRECTOR.</td>
</tr>
<tr>
<td><strong>ONLINE AMERICAN IN-SERVICE EXAMINATION</strong></td>
<td>MANDATORY FOR SET 3-5 TRAINEES IN THOSE YEARS WHEN OFFERED</td>
<td>HELD IN MARCH IN THOSE YEARS WHEN OFFERED</td>
</tr>
<tr>
<td><strong>REQUIRED COURSES</strong></td>
<td>CCRISP, EMST, ASSET, AND EMSB</td>
<td>CCRISP, EMST, ASSET COURSES MUST BE COMPLETED PRIOR TO THE END OF SET 1, EMSB COURSE MUST BE COMPLETED PRIOR TO END OF TRAINING.</td>
</tr>
<tr>
<td><strong>REGIONAL TRAINING EVENTS</strong></td>
<td>VARIES BY REGION AND IS MANDATORY.</td>
<td>ARRANGED BY REGIONAL SUBCOMMITTEES</td>
</tr>
</tbody>
</table>
5.2. Examinations

All Examinations and Records are the responsibility of the Examinations Department at RACS. Information on the following examinations can be found on the RACS website:

Surgical Sciences Examination and Clinical Examination (SSE and CE) Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSP) Fellowship Examination

SSE and CE – The SSE and CE are not specialty specific and may be sat prior to the start of training in P&RS. These examinations must be passed within two active years of training or four attempts. Trainees who have not passed these examinations prior to end of SET2 or trainees who have failed these examinations four (4) times will be dismissed from the training program. For trainees who have completed the Basic Surgical Training program of the College in Australia, please refer to the Recognition of Prior Learning policy available on the RACS website.

PRSSP – The purpose of the PRSSP is to ensure that trainees are equipped with knowledge of the basic sciences relevant to Plastic and Reconstructive Surgery early in their training. This will help maximize the benefit of both clinical and academic experiences available during training.

Trainees should sit the PRSSP at the first opportunity after passing the SSE and CE exams or after successful completion of the first year of the training program. Trainees must pass this examination by the completion of SET4. If the Examination is not passed by the completion of SET4, or after four attempts the Trainee will be dismissed from the SET training program. The maximum number of attempts for this Examination is four.

Fellowship Examination – The Fellowship Examination includes written questions, long and short case clinical examinations, vivas in surgical anatomy, applied anatomy, operative surgery, and pathology. Trainees are required to sit this examination during their SET5 training year and may present for it in their SET4 training year if selected for training in the CMF 4+2 Training Program. Early presentation at the Fellowship Examination requires prior Board approval.

Prior to ratification of a trainee to sit the Fellowship Exam the supervisor at the hospital where the trainee is currently placed will be consulted by the Chairman, Board PRS to ascertain his/her agreement to the trainee’s readiness to sit the Fellowship exam.

Where a trainee has failed in the knowledge competency on their Professional Performance Assessment (PPA) immediately prior to them applying to sit the Fellowship Exam, it may be suggested to them they not sit the Fellowship Exam.

The Board is responsible to determine whether the trainee has met all requirements to sit the Fellowship Exam.

Trainees are responsible for checking examination dates on the College website and registering within the appropriate timeframe.
5.2.1 Required Courses

Trainees are required to complete the following courses:

- Care of the Critically Ill Surgical Patient (CCrISP). This course must be undertaken prior to the completion of SET1.

- Early Management of Severe Trauma (EMST). This course must be undertaken prior to the completion of SET1.

- Australian and New Zealand Surgical Skills Education and Training (ASSET). This course must be undertaken prior to the completion of SET1.

- Emergency Management of Severe Burns (EMSB).

5.2.2 Regional Training Obligations

These are organized on a regional basis by Board Subcommittees. Attendance at these tutorials and lectures is compulsory.

1. Attendance at regional teaching sessions is mandatory. Trainees are required to attend 80% of tutorials each term as part of their term PPA evaluation.

2. Trainees who do not attend must provide:
   a) Written explanation and relevant accompanying documentation to be submitted within 7 days to Education Director, ASPS or Executive Officer, Specialist Societies-Training and Accounts, New Zealand National office.
   b) Failure to provide the above or will be noted on the training record.
   c) Failure to attend 3 sessions without documentation or just cause will constitute a possible reason for the Board PRS to consider the term a failure.
5.3 Performance Review meetings Between the Surgical Supervisor and Trainee

Surgical Supervisors will review trainee performance at the middle and end of each surgical term. Additional review meetings may be necessary in the case of trainee underperformance.

- Performance Review meetings are initiated by the trainee two (2) weeks prior to the middle and end of each surgical term.

- The trainee must bring a copy of his or her surgical logbook to the meeting (or have access to the TMP) for review by the Supervisor. The logbook and Professional Performance Assessment will be discussed at the meeting.

- The Supervisor will submit comments online via the TMP (this is an automated process) as a component of the online PPA form. Supervisors are encouraged to provide direct comments on performance ratings where necessary. The submitted form will be electronically sent to the trainee and maintained at the ASPS or NZ RACS office.

5.4 Professional Performance Assessments (PPA)

The PPA is a tool used by Supervisors for the assessment of trainees. This form outlines the key areas that are to be assessed and Supervisors rate the trainee on a scale of one (1) to seven (7), each number reflecting a different level of skill and performance.

A grade of four (4) deems the performance to be satisfactory; most trainees’ performance would fit into this score. A score of five (5) denotes performance in the top 25%, a score of six (6), performance in the top 10% and a score of seven (7) the top 1% of trainees.

The PPA report should reflect the expected level of skill and performance for the trainee’s particular year of training. The Supervisor will also indicate whether or not the term was successful overall. Any score lower than four (4) in a PPA is deemed as unsatisfactory.

Overall unsatisfactory terms will lead to disaccredited training periods, probation, and possible dismissal from the training program. PPAs should reflect unit opinion, not solely that of the supervisor.

For a Professional Performance Appraisal (PPA) assessment of a trainee term, an Unsatisfactory Term is:

- A score of 3 in two or more competencies.
- A single score of 1 or 2 in any competency.

Any score less than 4 is to be referred to the Regional Chair.

The PPA is to be completed online via the TMP by the supervisor in the presence of the trainee. The trainee will be notified once the PPA has been completed and will then be able to review the assessment.

This assessment will be kept on file at the ASPS or NZ RACS office. SET1 trainees who are in a non-plastic and reconstructive surgery term may submit the PPA in paper form to the ASPS or NZ RACS office.
5.5 Logbooks

College regulations require that all RACS trainees maintain a logbook of their surgical experience in accordance with the form provided by the Board.

All surgical logbooks will be entered online via the TMP. Trainees must enter information on all procedures for review and approval by supervising consultants. A procedure must be input into TMP within two weeks of it being done. All logged procedures are to be entered for each term within two weeks of the completion of the training term and prior to the PPA evaluation being done. Information on accessing and using this logbook can be found in the TMP User's Manual, Appendix II.

SET1 trainees who are participating in non-plastic and reconstructive procedures or are in a non-plastic and reconstructive surgery term may submit logbooks in spreadsheet format to the ASPS or NZ RACS office.

5.6 Direct Observation of Procedural Skills (DOPS)

DOPS is a formative assessment which has been introduced by RACS as a component of SET. It is a means of strengthening consultant and trainee communication and also provides the trainee with an additional assessment milestone for his or her record. This assessment is mandatory for all SET1 and SET2 trainees and must be carried out once per surgical term. The Board recommends that trainees take advantage of this feedback opportunity beyond the minimum requirement as it generates significant feedback, provides a record of performance, and involves a minimal time burden.

Purpose

This policy outlines the use of DOPS and provides a list of Board approved procedures for observation. Related Documents and Resources can be found in the training section of the ASPS website.

Administration

- This assessment is trainee-initiated with the supervisor or consultant as the observer.
- Consultants must have completed SATSET training to participate in this assessment.
- A supervisor may initiate this assessment at any time if there are concerns about a trainee’s performance.
- If a trainee’s performance on a procedure is considered unsatisfactory, the trainee must repeat the assessment monthly until a favourable outcome is observed.
- All SET1 trainees who undertake a non-P&RS surgical rotation while in the P&RS training program must complete the DOPS relevant to the other specialty. The trainee must forward a copy of the non-P&RS DOPS evaluation to the ASPS or New Zealand RACS office.
Process

- The trainee (or supervisor in the case of a deficiency) selects the procedure to be observed and the consultant to observe the DOPS. The procedure should be appropriate to the level of experience of the trainee.

- The trainee will meet with the consultant prior to the procedure and provide the DOPS form.

- The trainee should inform the patient that the consultant will be observing and evaluating the procedure and requests permission for this from the patient.

- The consultant will refer to the DOPS form as a guide and will indicate performance based on the provided scale.

- All DOPS should be entered online via the TMP.

- The trainee and consultant will meet following the procedure to discuss the trainee’s performance. The consultant will provide performance feedback and answer any questions that the trainee may have. This process often takes no longer than five minutes.

- The trainee is responsible for maintaining a copy of the assessment and completing the online TMP. **DOPS must be carried out once per surgical term.**

  SET1 trainees who are in a non-plastic and reconstructive surgery term are to submit a paper copy of the DOPS to the ASPS office or NZSPS office.

- A DOPS assessment can be applied to the following list of procedures. Multiple assessments may be used to capture performance on lengthy procedures. Additional procedures may be assessed using DOPS if considered appropriate by the Supervisor of training.
<table>
<thead>
<tr>
<th>Group</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic</td>
<td>Eyelids</td>
</tr>
<tr>
<td>Cosmetic</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>Craniomaxillofacial</td>
<td>Application of IMF/Arch Bars</td>
</tr>
<tr>
<td>Craniomaxillofacial</td>
<td>Fractured Zygoma</td>
</tr>
<tr>
<td>Craniomaxillofacial</td>
<td>Orbital Floor Fracture</td>
</tr>
<tr>
<td>Craniomaxillofacial</td>
<td>Orif Mandible</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Suture Full Thickness Lip Laceration</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Abbe Flap</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Ear Wedge</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Eyelid Wedge</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Lip Wedge</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Closed Reduction Hand # with k wire and Backslab</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Nail Bed Repair</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Carpal Tunnel Release</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Dupuytrens Contracture</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Ganglion</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Nerve Repair</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>ORIF Hand #</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Tendon Repair</td>
</tr>
<tr>
<td>Lower Limb and Foot</td>
<td>Leg Ulcer Management</td>
</tr>
<tr>
<td>Lower Limb and Foot</td>
<td>Skin Cancer Lower Leg</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Excision and Closure of Naevus</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Otoplasty</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Paediatric Hand Trauma Case</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Harvest FTG</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Harvest SSG</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Local Flap</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Local Skin Flaps</td>
</tr>
</tbody>
</table>
5.7 Mini Clinical Evaluation Exercise (Mini-CEX)

Introduction

The Mini-CEX is an exercise designed to provide the trainee with feedback on clinical performance as well as strengthen communication between trainee and Consultant. It has been introduced as a formative assessment in SET and is mandatory for all SET 1 and SET 2 Trainees. Trainees must conduct one Mini-CEX exercises per surgical term. The Board recommends that trainees initiate Mini-CEX evaluations more frequently than required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

Purpose

This policy outlines the use of the Mini-CEX and provides a list of Board approved clinical examples. Related documents and resources can be found in the training section of the ASPS website.

Participants

• This assessment is trainee-initiated with the supervisor or consultant as the exercise observer.
• Consultants must have completed SATSET training to participating in this assessment
• A supervisor may initiate this assessment at any time if there are concerns about a trainee’s performance.
• If a trainee’s performance in an exercise is considered unsatisfactory, the trainee must repeat the assessment monthly until a favourable outcome is observed.
• All SET 1 trainees who undertake a non-P&RS surgical rotation while in the P&RS training program must complete the Mini-CEX relevant to the other specialty. The trainee must forward a copy of the non-P&RS Mini-CEX to the ASPS or New Zealand RACS office.

Process

• The trainee (or supervisor in the case of a deficiency) selects the clinical scenario to be observed and the observing consultant. The clinical exercise should be appropriate to the level of trainee experience.

• The trainee will meet with the consultant prior to the clinical exercise and provide the Mini-CEX Form.

• The trainee should inform the patient that the consultant will be observing and evaluating the procedure and request permission for this from the patient.

• The consultant will refer to the Mini-CEX form as a guide and will indicate performance based on the provided scale.

• The trainee and consultant will meet following the exercise to discuss the trainee’s performance. The consultant will provide performance feedback and answer any questions that the trainee may have. This process often takes no longer than five minutes.

• The trainee is responsible for maintaining a copy of the assessment and completing the online version on the TMP. The mini-CEX should be submitted via TMP. One mini-CEX must be submitted per surgical term. SET 1 trainees in a non-plastic and reconstructive surgery term are to submit the Mini-CEX in paper form to the ASPS office or NZ RACS office.
• The clinical exercises in the following list can be assessed using the Mini-CEX form. Additional exercises may be assessed using the Mini-CEX if considered appropriate by the Supervisor of training.
### Master List of Mini-CEX Exercises

<table>
<thead>
<tr>
<th>Group</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic</td>
<td>Any Aesthetic Case</td>
</tr>
<tr>
<td>Craniomaxillofacial</td>
<td>Examination of Facial Fracture</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Eyelid Reconstruction</td>
</tr>
<tr>
<td>Facial Soft Tissues</td>
<td>Lip Reconstruction</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Carpal Tunnel Syndrome</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Dupuytrens</td>
</tr>
<tr>
<td>Hand and Upper Limb</td>
<td>Ganglion/Hand Lump</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Examination of the Head and Neck</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Facial Palsy</td>
</tr>
<tr>
<td>Lower Limb and Foot</td>
<td>Leg Ulcer</td>
</tr>
<tr>
<td>Lower Limb and Foot</td>
<td>Diabetic Foot Ulcer</td>
</tr>
<tr>
<td>Lower Limb and Foot</td>
<td>IIIB Tibia</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Cleft Lip or Palate</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Otoplasty</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Pigmented Lesions</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Skin Lesions</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Vascular Malformations</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Skin Cancer Diagnosis and Management (any site)</td>
</tr>
<tr>
<td>Skin and Integument</td>
<td>Pressure Sore</td>
</tr>
<tr>
<td>Trunk, Perineum, and Breast</td>
<td>Abdominoplasty</td>
</tr>
<tr>
<td>Trunk, Perineum, and Breast</td>
<td>Breast Reduction</td>
</tr>
</tbody>
</table>
5.8 Research Requirement

P&RS trainees have a number of options available to them to satisfy their research requirement prior to having their Fellowship conferred. The Board of Plastic and Reconstructive Surgery has introduced a points system for the assessment of the research requirement in which the SET trainee must achieve four (4) points during their period of training in Plastic and Reconstructive Surgery.

Research activities must satisfy the following criteria:

1. The work has been undertaken during the period of SET in Plastic & Reconstructive surgery. This excludes research undertaken prior to gaining entry onto the training program.
2. The topic of research must be one of relevance to Plastic & Reconstructive Surgery. The decision on relevance is first referred to the regional chair and will, if required, be referred to the Board for judgement.
3. The work has to be undertaken in a hospital or institution located in Australia/New Zealand.
4. The Trainee has to have been primarily responsible for initiating, executing and preparing the body of work submitted.
5. A research topic by a trainee will be awarded points only once.

Research activities can be categorized into the following:

1. Publication
2. Presentation Oral /Poster
3. Full time research study with enrollment in higher degree

Publication

Manuscripts accepted for publication may be submitted for research points. Letters to the editor are not considered publications and are therefore ineligible for submission. The trainee must be named as the first author.

Manuscripts will be judged on the following criteria:

1. Publication in a recognised peer reviewed Plastic and Reconstructive Surgery journal as listed below. Other non PRS journals may be considered for assessment of research points if the journal has an Impact factor of greater than 2.5 in the most current standings (see addendum Journal Impact Factors).

-----List of Accepted PRS Journals

2. Quality of work based on level of evidence

**Level 1** Prospective Randomised comparative controlled clinical trial

**Level 2a** Prospective comparative trial e.g. cohort or case - control

**Level 2b** Retrospective comparative trial cohort, outcomes based

**Level 3** Case series or case report

**Level 4** Expert opinion, descriptive studies, Committee report

3. Original laboratory-based scientific research

A maximum of 3 points will be awarded to a high level PRS publication e.g. Prospective comparative clinical trial published in the journal Plastic and Reconstructive Surgery.

The credit worthiness of publications is at the discretion of the Board. It must be noted that publications that fail to meet the standards detailed above may not be awarded research points.

**Presentation**

**Oral presentations**

For submission, an oral presentation accepted at the following scientific meetings may be considered for the allocation of research points, providing:

- The trainee must be listed as the primary author
- The topic of the presentation must be related to Plastic & Reconstructive Surgery
- The trainee must provide documentation e.g. program or abstract and letter of acceptance from scientific committee

**Accepted International/National Conferences**

Annual Scientific Meeting of RACS, Plastic Surgery Congress (ASPS), NZAPS ASM, AHSS, ASAPS (Australian), ASAPS (US), Plastic Surgery Meeting (US), IPRAS, Australasian Cleft Lip and Palate Association, Asian Pacific Craniofacial Association, Australian & New Zealand Head and Neck Cancer Society

A maximum of 2 points are to be awarded for an oral presentation satisfying the above criteria.

One point is awarded for a P&RS paper presentation at a RACS state of New Zealand meeting. Other International Scientific Meetings may be submitted for assessment.

The credit worthiness of these submissions is at the discretion of the board.
Registrar Presentations (Regional and National)

All trainees are required to present a research paper annually to the regional chair. The best papers will be selected for competition at the SET2-5 national conference.

**Presentations at the Regional level may be awarded 1 point if they are deemed to be of a sufficiently high standard. Presentations selected for presentation at the national SET2-5 Registrars conference will be awarded 2 points.**

Poster presentations

For submission, a poster presentation accepted at the following scientific meetings may be considered for the allocation of research points, providing:

- The trainee must be listed as the primary author
- The topic of the presentation must be related to Plastic & Reconstructive Surgery
- The trainee must provide documentation e.g. program or abstract and letter of acceptance from scientific committee

**Accepted International/National Conferences**

Annual Scientific Meeting of RACS, Plastic Surgery Congress (ASPS), AHSS, ASAPS (Australian), NZAPS ASM, ASAPS (US), Plastic Surgery Meeting (US), IPRAS, Australasian Cleft Lip and Palate Association, Asian Pacific Craniofacial Association, Australian & New Zealand Head and Neck Cancer Society

**A maximum of 1 point may be awarded to a poster presentation satisfying the above criteria.**

Other International Scientific Meetings may be submitted for assessment. The credit worthiness of these submissions is at the discretion of the Board.

- Points will be awarded when the trainee is the primary author of the publication or presentation. At the Board’s discretion some points will be awarded for assisting in a research activity or a seminar presentation as senior author. If the trainee is not the first (primary) author then a letter is required from the primary author confirming that the trainee has made a significant contribution in planning, preparation, writing, collation and submission of the report/presentation and the report has been published in an internationally recognised P&RS journal or presented at an internationally recognised P&RS conference.

Points are to be awarded at the discretion of the Board.
**Full Time Research**

Trainees undertaking full time research study may apply to have research points awarded. The research topic must be related to Plastic and Reconstructive Surgery and be prospectively approved by the Board.

Trainees must provide a certificate or letter from their research supervisor supporting satisfactory completion of their period of study. Trainees must provide certification of enrollment from their higher education institution.

*5 points will be awarded on satisfactory completion of a minimum of 12 months full time research with enrollment in a higher degree (masters, PhD, mD) at an Institution prospectively approved by the Board and located within Australia and/or New Zealand.*

- Trainees must forward evidence of research activities to ASPS or NZ RACS office once it is available. This can be in the form of an event program, publication acceptance, or a letter from a research supervisor.

- The research requirement must be certified as completed by the appropriate regional subcommittee. Notification will then be forwarded to ASPS or the New Zealand RACS office to establish trainee eligibility for fellowship.

**Addendum**

**Journal Impact Factor**

Journal Impact Factor is from Journal Citation Report (JCR), a product of Thomson ISI (Institute for Scientific Information). JCR provides quantitative tools for evaluating journals.

The impact factor is one of these; it is a measure of the frequency with which the "average article" in a journal has been cited in a given period of time.

The impact factor for a journal is calculated based on a three-year period, and can be considered to be the average number of times published papers are cited up to two years after publication. For example, the impact factor 2012 for a journal would be calculated as follows:

\[
\text{impact factor 2012} = \frac{A}{B} \\
A = \text{the number of times articles published in 2010-2011 were cited in indexed journals during 2012} \\
B = \text{the number of articles, reviews, proceedings or notes published in 2010-2011 impact factor} \\
2012 = A/B
\]

(note that the impact factor 2011 will be actually published in 2012, because it could not be calculated until all of the 2011 publications had been received)

For more information, seek the help of your hospital/campus librarian.
5.8(a) Trainees Undertaking Formal Research

Trainees must request prospective approval from the Board to undertake formal research related to Plastic and Reconstructive Surgery. This process can be initiated through contacting the ASPS or NZ RACS office.

The following guidelines will apply to requests to interrupt SET clinical training for research time during the course of SET:

- The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS;
- Requests must be prospective and in writing to the Regional Chairman of the Board PRS for consideration by the Board;
- Such written requests must provide full details of the research including its relevance to the specialty PRS and that the research is under the auspice of a recognised formal entity and the research must be fully compliant with NHMRC standards and guidelines.
- Application for clinical time accredited to their SET time undertaken during the research period must provide formal evidence that clinical time is undertaken and the relevant percentage of research versus clinical time is clearly documented. ASPS can be contacted for a template to facilitate this application.
- The Board of PRS has discretion to determine its approval or otherwise of all requests by trainees to interrupt SET clinical training for research time during the course of SET. Accredited training time may be awarded for prospectively approved full time research which includes a clinical workload. Where the Board in its absolute discretion resolves to approve research time in lieu of clinical time, the maximum time credited will be no more than six months. Accredited training time will be awarded on a pro-rata basis depending on the clinical workload. Accreditation is at the Board’s discretion.
- Trainees seeking accreditation during research must complete and submit to the ASPS or NZ RACS offices a clinical research hours spreadsheet during the period of their research (Appendix XIII). An electronic copy is available by contacting the ASPS or NZ RACS offices.
- Where a trainee has been selected into SET training and has been awarded a research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.”
5.8 (b) Accreditation of Time in Clinical Training Whilst Undertaking Research

Options for Postgraduate Surgical Research

1. Research degrees by coursework/treatise

Master of Surgery (coursework)
Master of Clinical Epidemiology
Master of Medicine (coursework)

These degrees are offered as part time over 2 years at a number of institutions. The coursework is performed as modules to be completed over this period and a dissertation is required to be submitted to complete the degree. Research undertaken prior to commencing SET training in Plastic and Reconstructive surgery cannot be submitted for consideration for time off clinical training.

2. Research by laboratory investigation

Master of Surgery (research)
Master of Medicine (research)
Master of Philosophy (research)

These degrees are offered as 1 year full time or 2 years part time. Candidates are required to submit a thesis at the completion of their study.

PhD (research)
MD (research)

These are offered as 3 years full time or up to 6 years part time. Candidates are required to submit a thesis on completion of their study. For candidates who have applied for SET training in their final year of study with a view to having a portion of their clinical training accredited by their time in research, the board will only consider this in cases where the research has direct relevance to Plastic and Reconstructive surgery.

Categories of Postgraduate Surgical Research

1. Full time research with no clinical exposure

SET trainees who spend time in full time research with no clinical exposure will not have this time accredited to their clinical training. The board, however, may reserve the right to review individual candidates taking into account their performance and assessments at the time of commencement of their study.

2. Full time research with clinical exposure

Candidates who undertake research with clinical exposure can be classified into the following categories:

(a) On-call participation
(b) Surgical assistance
(c) Participation in consulting/outpatients and elective surgery
(a) on call participation

On call commitments allied to a recognised SET1 post in plastic and reconstructive surgery may apply to have this time accredited toward their clinical training. The minimum participation on the on call roster is 1 in 5 to claim a period of time accredited toward SET training. A log book of cases assessed and treated will need to be presented for appraisal.

(b) Surgical assistance

Assistance in elective and emergency plastic and reconstructive cases may be taken into account when applying to have this time accredited toward SET training. A minimum of 1 half day operating session per week is required to claim a period of time accredited toward SET training. A log book of cases will need to be presented for appraisal. The type and number of cases will also need to be taken into consideration in determining the time allocated to SET training.

(c) Participation in consulting/outpatients and elective surgery

Trainees undertaking regular consulting, outpatient and/or elective surgical procedures can apply to have this time recognised as SET training. A minimum of 1 half day a week must be spent in clinical activities. Participation in an on call roster allied to a recognised SET training post is encouraged.

A logbook of operative cases and outpatient/consulting sessions must be presented for appraisal. Trainees seeking to structure this as part of their time in research will also need to nominate a clinical training supervisor to perform performance assessments.

Further Considerations

All trainees wishing to have their clinical activities assessed must present proof of attendance at registrar teaching sessions and the annual SET2 - 5 conference.

Research projects undertaken during the period of SET training must be judged by the board to have specific relevance to Plastic and Reconstructive surgery for accredited training time to be granted. Clinical exposure must include the three components of:

- on-call participation
- surgical assistance
- participation in consulting/outpatients and elective surgery.

The onus is on the trainee to demonstrate how the research meets these three elements. A maximum of 6 months accredited training time will be granted for any clinical activity, based on the level of clinical activities and logbook data.

This document is to be used as a guideline for registrars and the Board will consider each proposal on its merits.
5.9 Registrars’ Conference

The annual Registrars’ Conference is usually one week in duration and is held before mid-March. The venue rotates around the capital cities of Australia and New Zealand on a biannual basis and attendance is compulsory for SET2-5 trainees.

The majority of the course curriculum will be covered in each 3 year period, in a format determined by the conference convener.

- Trainees will be required to prepare a paper for presentation at this conference. A selection process will occur first at the regional level to determine which papers deserve to represent each region at the main conference. There are substantial monetary prizes awarded for the best clinical and research presentations. Presentations are seven minutes in length with two minutes for questions.

- Attendance by SET1 trainees at the conference is not required as these trainees must attend a separate annual training event.

- Trainees who are training overseas at the time of the conference are not required to attend. These trainees are encouraged to attend training events within their host country.

- International Medical Graduates are invited to attend the conference but attendance is not mandatory.

- Trainees who have passed the Fellowship exam are not required to attend the Registrars’ Conference.

5.10 The Online American In-Service Examination

- The Online American In-Service Examination is held in March in those years when offered and covers all major areas of Plastic and Reconstructive Surgery. The duration of this examination is five hours and trainees are provided with a report of their performance in comparison with other Australasian trainees.

- This examination is designed as a self-assessment tool and individual trainee performance does not impact official trainee assessment.

- This Examination is mandatory for all trainees in SET3-5 in those years when offered.

5.11 Supporting Documentation

It is the trainee’s responsibility to ensure that his or her file at the ASPS or RACS NZ office is current at all times. Insufficient documentation may result in disapproval of Fellowship or other disciplinary action.
6 Fellowship Administration

Trainees must satisfactorily complete all of the training requirements and their SET5 training year to be eligible for Fellowship.

- Trainees must satisfactorily complete all the training requirements in the SET training program and their SET5 training year in Royal Australasian College of Surgeons and Board accredited training posts in Australia and New Zealand, or formally Board accredited posts overseas.

- All trainees can only sit for the Fellowship Examination in SET5, except for CMF4+2 trainees who may be considered for fellowship examination at the end of SET4.

- Trainees apply for Fellowship during their final SET5 surgical term. Trainees are encouraged to contact the College prior to the end of their final term regarding fellowship applications to ensure that the process is complete so they may fulfill any post-training obligations which require the Fellowship qualification.

- The application form for Admission to Fellowship must be signed by the trainee and the Surgical Supervisor and then submitted to the RACS, Melbourne or Wellington office.

- The Board will then conduct a review of the trainee’s record to ensure that all training requirements are completed and that the trainee’s file is complete.

- Where a trainee has failed in the knowledge competency on the final PPA, it may be suggested to them they not sit the Fellowship exam.

- If the trainee’s file is incomplete, the trainee will be contacted and afforded the opportunity to recover and submit the required documents.

- The Board Chair will not sign a trainee’s application unless all necessary training documents for the trainee are on file at the ASPS or RACS NZ office.

- Once a complete training file is confirmed, the application is signed by the Board Chair or Chair of the Surgical Training Committee (NZ).

- The Board of Surgical Education and Training recommends the trainee to the Education Policy Board for approval.

- Following noting by the RACS Council, the applicant will receive a Fellowship pack from the RACS membership officer which must be completed and returned with the relevant fees. RACS will send the Fellowship Diploma to the trainee and he or she will be legally entitled to use the post nominal FRACS (Plastic and Reconstructive Surgery).

7 Overseas Training and Fellowships

Trainees are highly encouraged to undertake overseas training following the completion of the training program.
8 Unsatisfactory Performance

Trainees are expected to maintain satisfactory standards in surgery and patient care at all times. The Surgical Supervisor is responsible for notifying the Board of unsatisfactory or marginal performance of a trainee as soon as practical.

The procedures to be applied in addressing and remediating unsatisfactory trainee performance are detailed in the Board of Plastic and Reconstructive Surgery policy “Assessment of Clinical Training (Appendix X)” and are summarized as follows:

• The Surgical Supervisor will schedule a meeting with the trainee as soon as possible following the identification of the performance deficiency.

• The Surgical Supervisor will appropriately and constructively counsel the trainee and will complete a Professional Performance Assessment (PPA) for signature by both parties. A PPA assessment report must be completed for the trainee:
  – as soon as is practical any time after the identification of unsatisfactory or marginal performance as determined by the surgical supervisor.
  – each month by the supervisor of a trainee on probation during the probationary period.
  – at the end of the probationary period or at more frequent intervals during a probationary period.

Where unsatisfactory or marginal performance is identified a remedial plan will subsequently be prepared.(also see “Probationary Status for Unsatisfactory or Marginal Performance” below ).

The completed assessment report should be signed and dated by both the trainee and the surgical supervisor and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment.

The trainee is responsible for forwarding the completed assessment report to the Specialty Board or Regional Subcommittee by the communicated due date or within one week of signing of the assessment report, whichever is sooner.

• The Surgical Supervisor will draft a letter outlining the meeting which highlights the areas requiring improvement and the remedial action required. He or she will then send this letter to the trainee with copies forwarded to the ASPS or RACS NZ offices and the Regional Chair.
Probationary Status for Unsatisfactory or Marginal Performance

- Where an assessment report identifies unsatisfactory or marginal performance, the Board or Regional Subcommittee, through the Regional Chair, must formally notify the trainee, copied to the surgical supervisor, the relevant employing authority and ASPS or NZ RACS office, that probationary status has been applied. Such notification should include:

  Identification of the areas of unsatisfactory or marginal performance
  Confirmation of the remedial action plan
  Identification of the required standard of performance to be achieved
  Notification of the duration of the probationary period
  The frequency at which assessment reports must be submitted
  Possible implications if the required standard of performance is not achieved

- A performance review meeting for an unsatisfactory period or term is to be held with the trainee and is to include the supervisor who failed the period/term, the Regional Chair, the supervisor of the next rotation (where appropriate) and the trainee.

- The supervisor is to list the deficiencies of the trainee and then the trainee is to prepare a remedial Performance Management Plan for approval by the supervisor at the commencement of the probationary period which both parties are to sign. The letter to the trainee after a review meeting is to include what the trainee must do to improve their performance and that failure to do so would mean they have not conformed with the remedial plan.

- The probationary period should usually be no less than 3 months and no more than 6 months.

- During the probationary period the trainee’s performance is to be regularly reviewed by the surgical supervisor with the trainee and the trainee should be offered constructive feedback and support. A trainee on probation is responsible for organising the monthly probationary meetings during their probationary period. Monthly performance review meetings between the supervisor and trainee must be held and the Performance Management Plan updated at each meeting. The Surgical Supervisor will schedule a meeting with the trainee one (1) month after the initial meeting and each month thereafter for the duration of the probationary period. If the trainee’s performance becomes satisfactory or if the trainee does not meet the required standard, this is discussed at the meeting.

- If performance has improved to the required standard at the conclusion of the probationary period the probationary status must be removed.

- If the required standard has not been met by the end of term, the entire surgical term will be deemed unsatisfactory and will not be accredited as training time.

- If performance has not improved to the required standard at the conclusion of the probationary period the Board or Regional Subcommittee may proceed with dismissal in accordance with the Board policy “Dismissal from Surgical Training”.

- Where an assessment report is rated as marginal the Board or Regional Subcommittee must review the report and determine if the clinical rotation is to be recorded as unsatisfactory.

- If a clinical rotation has been recorded as unsatisfactory the rotation will not be accredited towards the trainee’s surgical education and training and will require an extension of training. The length of the extension will be determined by the Board or the Regional Subcommittee.
9 Misconduct and Dismissal from Training

Trainee misconduct will be addressed in accordance with College and Board policies. Persistent unsatisfactory performance in examinations or assessments may result in a trainee’s dismissal from the training program. Reasons for dismissal include (but are not limited to):

- Trainee failure to meet minimum standards following a disaccredited surgical term.
- Trainee failure of the SET1 Examination on four occasions or before the end of SET2.
- Trainee failure to pass the PRSSP Examination prior to SET5.
- All trainee dismissals will be handled according to the Board of Plastic and Reconstructive Surgery “Dismissal from Surgical Training (Appendix XI)” policy.

10 Appeals

The College Appeals Mechanism is the appropriate channel for all trainee appeals and can be accessed via the College website.

Regional Board Chair Contact Information

<table>
<thead>
<tr>
<th>Board member</th>
<th>Board member Position</th>
<th>Board member Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Richard Bloom</td>
<td>Chairman</td>
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<tr>
<td>Mr Craig Mackinnon</td>
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<tr>
<td>Mr Nicholas Lotz</td>
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<td><a href="mailto:nlotz@drnicholaslotz.com.au">nlotz@drnicholaslotz.com.au</a></td>
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<tr>
<td>Mr Gerard Bayley</td>
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<td>South Australia Chair</td>
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</table>

All training correspondence and enquiries should be sent to:

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### Training Contacts

Supervisors (listed by hospital name)

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<th>Hospital</th>
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<th>Email Contact</th>
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</thead>
<tbody>
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</table>
## Training Contacts

Supervisors (listed by hospital name)

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<tr>
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<th>Email Contact</th>
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<tbody>
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<td>Western Hospital</td>
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</tr>
</tbody>
</table>
APPENDIX II

2013 Regional Term and Evaluation Dates

Evaluations will be available in the TMP two weeks before the middle and end of each training term.

<table>
<thead>
<tr>
<th>State</th>
<th>Term 1</th>
<th>Term 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start Term</td>
<td>Mid Term</td>
</tr>
<tr>
<td>NSW</td>
<td>21/01/2013</td>
<td>22/04/2013</td>
</tr>
<tr>
<td>SA</td>
<td>30/01/2013</td>
<td>1/05/2013</td>
</tr>
<tr>
<td>NZ</td>
<td>10/12/2012</td>
<td>11/03/2013</td>
</tr>
</tbody>
</table>
This training presentation is designed to introduce the Trainee Management Program (TMP) to new users.

This manual covers the following topics:

- Glossary of Terms
- Logon to ASPS Website & TMP System
- Customizing and Navigating the TMP
- Notifications
- Evaluations: Completing Training Post Evaluations
- Evaluations: Setting up DOPS and Mini-CEX Evaluations
- Evaluations: Viewing and Reports
- View Rotation Schedule and Conferences
- Log Procedures (including Smart phone app)
- Online Help and Support
- General Access to Websites (ASPS and TMP)
- List of Procedure Names
Below is a list of commonly used terms in the TMP system:

- **Resident** = a SET trainee
- **Trainee** = a SET trainee
- **Consultant** = a fully qualified FRACS Plastic Surgeon who is authorised to supervise SET trainees during procedures. Consultants may have procedures logged against their names by Trainee's.
- **Supervisor** = A hospital supervisor who is the head of SET plastics training in that specific SET training location. Supervisors complete the PPA Evaluations.
- **Procedure Logger** = The component of the TMP where procedures are entered by trainees and confirmed by Consultants or Supervisors. (Note, procedures are *not* entered in the ‘logbooks’ section)
- **Evaluations** = The section of the TMP where PPA, DOPS, MiniCEX and Training Post evaluations are completed or viewed.
- **Portfolio** = The section of the TMP where you log research and other items to fulfil research requirements.
To logon to the ASPS Website for access to documentation, policies and the TMP. For the TMP go to the ASPS website at www.plasticsurgery.org.au then navigate to the ‘Trainees’ portal. Log in and click the ‘Trainee Management Program’ link. Download this and other important documents from the “Key Documents” area.
Logon to TMP

Click the ‘access’ link on the Trainee Management Program page of the ASPS website. This link will take you away from the ASPS website to www.new-innov.com.
To log on to the Trainee Management Program (TMP) click [http://www.new-innov.com/](http://www.new-innov.com/)

In the ‘Institutional Login’ field enter ‘**PRS**’ in capital letters.

Then enter your User Name and Password:

Unless you have been advised of a particular username and password your logon details will be in the generic format of your first initial followed by your last name, all lower case letters with no spaces.

Eg, John Smith would have the logon details:

Logon: jsmith

Password: jsmith

Then click **Login**
After completing login you will be directed to the Welcome Page for your region. The Welcome Page provides an overview of all your activity. Note the ‘Notifications’ section on the welcome page.
(The page below may not appear to you as it does below.)
Customise Layout

You can customise the Welcome Page Layout by dragging items from their title bar into the position you wish and then clicking **Save Page Layout**

Sections, such as “My Favourites”, can be collapsed by clicking on the double arrow icon, or you can manage the favourite links by clicking on **Add/Remove**

Click **Add/Remove** to adjust which favorite links will appear list

Click to collapse from view
Navigating the TMP

Navigate through the various sections of the TMP software by clicking on the **Main** menu near the top left of the page and selecting the relevant area. All available sections of the TMP system are accessible through this dropdown menu. Note: ‘Log Books’ is not used. Access logs via the “Procedure Logger”.

![Image of TMP software interface](Image)
Change Your Password

It is highly recommended that you change your password on your **first** logon to the TMP system as all logins are initially in an unsecure generic format.

- Select **Main > Change Your Password**
- You can change both your Username and Password according to the restrictions listed under the Username and Password Complexity Requirements
- Once entered, click **Save**
Go to the following area: Notifications

- Evaluations - that need to be completed about you, a rotation or another assessment

- 1 evaluation to complete
- Request a person to evaluate you
Complete Evaluations

On the Welcome Page under the heading **Notifications**
Complete Evaluations by clicking on the **complete them** link

Alternatively - you may be allowed to request an evaluator for your evaluation. If so, you will also see the link: **request a person to evaluate you**
Evaluations List

Click **Evaluate** to complete each evaluation

Evaluate List

Evaluations will become available for a 4 week period from up to two weeks prior to the end of a specified time period (such as mid-term and end of term evaluations).

All evaluations should be submitted before two weeks after an evaluation period ends.
Complete Evaluation Questionnaire

Once a Questionnaire form loads select the appropriate response(s) for each question including designated or required areas for comments (example form shown below).

Evaluator: Allgood, Bradley
Subject: Smith, David
Status: PRG 1
Status: Faculty
Rotation: DM-ENDO-CONSULTS
Rotation: DM-ENDO-CONSULTS

The attending created a stimulating, challenging, and supportive environment where I wanted to learn.

- Poor
- Fair
- Average
- Very Good
- Excellent
- N/A

The quality of the teaching was:

- Poor
- Fair
- Average
- Very Good
- Excellent
- N/A

The attending provided useful feedback during and at the end of the rotation.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- N/A

The attending went to the bedside, demonstrated physical diagnosis techniques and watched me examine patients.

- Frequently
- Sometimes
- Seldom
- Never
- N/A

The attending challenged and encouraged me to do self-directed learning.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- N/A

The attending provided reference articles or texts on pertinent topics:

- Frequently
- Sometimes
- Seldom
- Never
- N/A

How often were teaching rounds conducted as scheduled (three times weekly except for the first week):

- Frequently
- Sometimes
- Seldom
- Never
- N/A
After completing the Evaluation form, check the signature box at the bottom of the page, then click the **Submit Final** button and when confirm dialog box appears select **OK**

Click **Save Draft** when you need to retain details that you have entered but wish to return at a later time to complete the form.
DOPS and Mini CEX Evaluations (SET 1 and SET 2 only)

To start the process for a DOPS or MiniCEX Evaluation you must first request a consultant to be your evaluator. **Please check with the supervisor/consultant BEFORE you request them to complete your evaluation.**

The fastest method of starting a DOPS or MiniCEX evaluation is via the link on your welcome page which reads ‘**Request a person to evaluate you**’.
Alternatively, you can go to the ‘Complete Evaluations’ link which is on the welcome page in the ‘My Favourites’ section.
DOPS and Mini CEX Evaluations (cont’d)

1) You will then find a list of available DOPS and MiniCEX evaluations. These relate to evaluations for specific terms. There are two terms, each with a mid-term evaluation point. 

Please log TWO evaluations of each type PER TERM!!

2) Choose the relevant evaluation from the list and proceed to select your evaluator.

3) Once the evaluator has completed the evaluation you will see another notification appear in your ‘Complete Evaluations’ section. Please complete the evaluation by electronically signing and submitting the evaluation.

Please ensure the person you are requesting to evaluate you has agreed to be selected as your evaluator!
You may view all evaluations that you completed about others and any evaluations that were completed relating to your training.

Select **Evaluations** then choose **View > Completed Evaluations**
Evaluation Reports

You may generate a report to see cumulative evaluations results.

- Select **Main > Evaluations**
- Choose **Reports > Custom Evaluation Reports**
- Click on **view** next to the report titled **Individual Report (General)**
To view your training post (rotations) schedule:

Select **Main > Scheduling-Block** then **View > My Rotations**

Subscribe to your Schedule: Subscribing to a calendar will generate a link in *iCalendar* format that you can use to share your assignment and rotation schedules, review meetings and conferences with other third party applications and a variety of smartphone calendars.
View Conference Details

View details of a conference by clicking the Title Link on the schedule.

The Conference Details pop-up display includes all information and links to any attached files or sites to be reviewed prior to the event.
Log Procedures

- Select **Main > Procedure Logger** then choose **Add/ View/ Confirm > Add**
- Complete Procedure form and click **Save and Clear**
- To log multiple procedures on the same patient, click **Save and Retain**
- A full list of procedure names can be seen online. Fields with asterisks are mandatory items to complete.
Logging Procedures and Operations

✓ Skin cancer example:
  - 5 BCC
  - 2 flaps
  - 3 grafts

✓ Log as: 1x “skin cancer, multiple”; 1x “flap, multiple”; 1x “graft, multiple”

✓ Spaghetti Wrist with:
  - 8 tendons
  - Ulnar nerve and median nerve
  - Ulnar artery and radial artery

✓ Log as: 1x “tendon, multiple”; 1x “nerve, multiple”; 1x “artery, multiple”

✓ Where a multiple procedures are covered by one procedure, the larger procedure should be logged:
  ✓ Eg A brachial plexus surgery should be **coded as brachial plexus**, not “nerve repair, multiple”; “nerve graft, multiple”; “nerve exploration, multiple”

✓ Add more details in “description”
Patient Details

- Enter the **Patient Last Name** and **Age**.

- Patient DOB may replace Age (currently under review).

- If the patient's name is entered in the Patient ID field, it may appear on screens and in reports in a context that is inappropriate or even a violation of privacy rules and regulations.
Date Performed

- Enter the date on which the Procedure or Diagnosis was performed in the **Date Performed** box.
- The date will default to the Current Date, but can be edited, or overwritten using the Date Picker tool.
Select a **Procedure Group** (if available) as this will **filter the choices** in the second dropdown list. The Group is not recorded.

Select a **Procedure** from the list box.

Alternatively, if you can lookup a procedure using the procedure code (CPT Code) by clicking **Find Procedure By CPT® Code** (see the end of this manual for a quick reference of codes). CPT Codes are not recorded.

Groups are provided for selection convenience (filtering available procedures).

Some procedures have the code NOS at the end. NOS stands for “Not Otherwise Specified”.

---

**Group:**

- All Procedures
- Craniomaxillofacial
- Facial Soft Tissue
- General
- Hand Upper Limb & Microsurgery
- Head and Neck
- Lower Limb and Foot
- Skin & Integument
- Trunk, Perineum & Breast

**CPT® Code:** [ ]

**Role:** [ ]
**Student/Physician Status**

- Select a **Student/Physician, Status, Role in procedure** and **Attending/Supervisor**.

- The default setting for these fields correspond to the user who is logging the procedure or diagnosis.

- Additional choices listing other eligible users in the Department/Division may be available for an authorised administrator to log procedures/diagnoses on behalf of others.

- The Student/Physician's **Status Type** automatically populates the **Status Type** field according to the selected individual's status in Personnel Data Demographics but it may be changed as necessary for the specific log. Changing the Status Type does not change it in your Personnel Data.
Role and Attending/Supervisor

- If necessary, select a **Role** and **Attending/Supervisor**.
- The Automatic Credential System and automatic email notifications require a Procedure, a Role and an Attending/Supervisor to be entered for each Procedure logged.
- Roles and Student/Physician Supervisors will populate the respective lists only if they were added when configuring the Procedure Logger module [see Other Lists for further details]. In addition to Student/Physician Supervisors, individuals who have been assigned a Privilege Level of 3 in Logger (usually faculty) will be included in the drop-down list.

1. Surgeon alone = the Consultant is not physically present in the theatre complex. He/she may be at home but on call. The registrar is the primary operator.

2. Mentor available = the Consultant is immediately accessible i.e. observing in theatre or on the floor.

3. Mentor scrubbed = the Consultant is assisting (with the registrar as the primary surgeon).

4. Assistant = the Consultant is the primary operator (with the registrar assisting).
Required Fields

- Select the **Operation Category** from the drop down list.

- Select **Site** from the drop down list.
Required Fields

- Select the **Aetiology** from the drop down list.

- Select **Cosmetic Complexity** and **Reconstructive Complexity** from the drop down list. These values can be found with the drop down list of procedures. For example, a procedure called: “Procedure X: R(3)C(2)” has a Reconstructive Complexity of 3 and a Cosmetic Complexity of 2.
Optional Fields

• Add any **Additional Comments** but remember to leave some space available for the supervisor.

• Select the **Complication** from the drop down list, if necessary.

• Add a **Description of the Operation** if relevant
Save and View Options

• Complete any additional needed fields and select the **Save, Save and Retain**, or the **Cancel**.

• The *Save and Retain* option will log the Procedure and permit you to add multiple Procedures for the same Student/Physician and/or patient.

• The *Save* option will log the Procedure and refresh the screen.

• The *Cancel* option will cancel your log.
Procedures confirmed by a supervisor may **not** be edited or deleted except with appropriate authorisation (see your Registrar Coordinator/Administrator for assistance).

To view all procedures, click "Show All Dates" and then **Apply Date Range**.

View Procedure Logs

- Select **Main > Procedure Logger** then choose **Add/View/Confirm > View** to see procedures from the last 90 days.
- Edit/Delete logged procedure form (For edits click **Save**).

Procedures confirmed by a supervisor may **not** be edited or deleted except with appropriate authorisation (see your Registrar Coordinator/Administrator for assistance).
Log Procedures with a Smartphone App

Go to **Main > Mobile Software** and follow instructions.

- **1 Log in**
- **2 Choose department**
  - Select procedure logger
  - Sync logged procedures
- **3 Red = mandatory**
  - Save new data
- **4 ‘Save and Retain’** (red arrow)

Upload/sync your logs

Download ‘NI GME’ from the iTunes App Store. Your device will use mobile 3G data (charges may apply) or WiFi.
Reports

View reports that track various area’s of procedure logging:

✓ Select **Main > Procedure Logger**
✓ Choose **Reports > Student/Physician Reports > Advanced Reports**
✓ Click the **Report Title** to view

```
<table>
<thead>
<tr>
<th>Report Name</th>
<th>Created By</th>
<th>Created On</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Physician Log Details</td>
<td>NI Personnel</td>
<td>11/02/2010</td>
<td>A listing of Resident Procedure Logs</td>
</tr>
<tr>
<td>Total Procedures by Role including confirmation status</td>
<td>Elivson, Gregory</td>
<td>29/08/2010</td>
<td>Use this report to print off your summary of logs for any specified period of time. Be certain your date ranges are correct.</td>
</tr>
</tbody>
</table>
```

**Additional Resident Reports (not affected by reporting templates):**

- **Custom Field Totals Report**
  - Resident Procedure Totals sortable by Custom Logger Field
- **Diagnosis Target Report**
  - Resident Diagnosis Totals
- **Procedure Group Report**
  - Resident Procedure Totals sortable by Group
- **Rotation Report**
  - Listing of Resident Procedures and Rotations

**Legacy Resident Reports**

- **My Summary w/Details**
  - A detailed summary of your Procedure Log totals
- **My Brief Summary**
  - A brief summary of your Procedure Log totals
- **Resident Totals Report**
  - Resident Procedure Log Totals
Generating a Procedure Report

• To get a report of your procedures out of the TMP follow these easy steps:
  • Click on **Main > Procedure Logger**
  • Select **Reports > Student/Physician Reports > Advanced reports**
  • On the next screen you will see a number of pre-defined reports which you may wish to familiarise yourself.
  ASPS secretariat has created a report for you called “Total Procedures by Role including confirmation status”
  Click the report.

• Continued on next page...
Generating a Procedure Report pt2

- The next screen will show you a report of **all procedures with a summary total** at the end of the page.
- Please **check the date range** of your report. Click “Change Filters” to change your report dates. Remember dates are shown in mm/dd/yyyy format.
- **Export** your report to PDF (top right) or Excel (bottom right)
Logging Research and Courses

To log research items such as conference presentations, or non-SET educational conferences or events events, or RACS courses use the ‘Portfolio’ section.

Once you are in the ‘Portfolio’ section select the item you wish to log from the dropdown list and click ‘Log the Activity’.

If your item is not listed then please log it under “Unlisted Educational Event”.

You can list your logged activities by clicking ‘Manage Activities’.
Logging Research and Courses pt2

Next you will need to enter the details about the relevant activity. In this example a presentation is being logged. Fill out each section of the page paying particular attention to the tick boxes. The criteria in the tick boxes must be fulfilled.

Make sure you upload evidence of the event in the section below the text boxes.

Without sufficient evidence the activity will not be counted towards anything, so make sure you upload scans or documents that are clear, legible and in a high enough resolution that they will print clearly.
New Innovations provides regularly updated Online Help Documentation, Step-By-Step Guides, and Training Webinars in its Support Center. Click **Help Icon** on any page to access it.
Help and Support

Users can submit support requests and have questions answered by the New Innovations support staff. Select **Contact Us** in the Support Center.

Complete the **New Support Request** form including plenty of details to assist us with the troubleshooting process. Once submitted, a NI trainer will contact you.

**Please Note:** if your request involves issues such as Logging in, schedules, evaluations, etc., please **contact your registrar program coordinator** for assistance.
General Access to Website

Prepare basic information as well as a description of what you’re experiencing and contact ASPS or NZAPS (contact information provided on next pages):

- Operating System on your computer.
- If Windows, the .Net Framework version (go to Start > Control Panel > Add/Remove Programs...then look for Microsoft .Net Framework 2.0 or higher
- Browser versions: Internet Explorer version 6.0 or higher, Firefox 2.0 or higher
- Description of the problem that you’re experiencing
A note on Mac OSX and Smart Phones

• Web browsers (like Firefox from Mozilla) are generally platform independent. You may wish to download it for use on a Mac computer.

• Although Mac is not recommended it will still work with Firefox and Safari for the majority of processes within the TMP. However Firefox and Safari are not supported.

• Instructions on downloading the Mobile software can be found by logging into the TMP website then clicking on **Main > Mobile Software**. Then click the Smartphone operating system of your preference and follow the instructions.
Contacts

Colin Duggan (ASPS), Education Director
Geraldine Halket (ASPS P/T), Administrative Support. Both on email at education@plastisurgery.org.au or call on +61 2 9437 9200

Celia Stanyon (NZAPS P/T), Administrative Support on Celia.Stanyon@surgeons.org or call on +64 4 385 8247
<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Lookup</th>
<th>Degree of Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominoplasty</td>
<td>AP</td>
<td>Cosmetic: 3, Reconstructive: 3</td>
</tr>
<tr>
<td>Amputation</td>
<td>AM</td>
<td>Cosmetic: 1, Reconstructive: 1-3</td>
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<tr>
<td>Arthrodesis</td>
<td>ADS</td>
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<tr>
<td>Arthroplasty</td>
<td>ARP</td>
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<tr>
<td>Axillary Dissection</td>
<td>AD</td>
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<td>Blepharoplasty, upper +/or lower</td>
<td>BPY</td>
<td>Cosmetic: 3, Reconstructive: 2-3</td>
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<tr>
<td>Bodylift</td>
<td>BL</td>
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<tr>
<td>Bone Graft</td>
<td>BG</td>
<td>Cosmetic: 0, Reconstructive: 2</td>
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<tr>
<td>Bony Fixation, internal or external</td>
<td>BF</td>
<td>Cosmetic: 0, Reconstructive: 2-3</td>
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<tr>
<td>Bony Fixations - Multiple, internal or external</td>
<td>BFM</td>
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<tr>
<td>Bony Reconstruction</td>
<td>BNR</td>
<td>Cosmetic: 1, Reconstructive: 2-3</td>
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<tr>
<td>Brachial Plexus Surgery</td>
<td>BPS</td>
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<tr>
<td>Brachioplasty</td>
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<tr>
<td>Breast Augmentation</td>
<td>BA</td>
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<td>BC</td>
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<tr>
<td>Breast Reduction / Mastopexy</td>
<td>BR</td>
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<tr>
<td>Breast Surgery, Other</td>
<td>BSO</td>
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<tr>
<td>Brow Lift</td>
<td>BRL</td>
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<td>Burn Excision - Multiple</td>
<td>BEM</td>
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<td>Burn Excision</td>
<td>BE</td>
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<td>Buttock Lift</td>
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<td>CVO</td>
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<td>CTD</td>
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<td>CLP</td>
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<tr>
<td>Cleft Palate Primary</td>
<td>CPP</td>
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<td>Cleft Surgery Secondary</td>
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<td>Composite Graft</td>
<td>CGP</td>
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<td>Congenital Hand Surgery</td>
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<td>Correction of Prominent Ears</td>
<td>CPE</td>
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<td>Craniofacial Osteotomy</td>
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<tr>
<td>Dental Procedures</td>
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<td>Dermabrasion/Chemical Peal/ Laser Resurface</td>
<td>DCL</td>
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<td>Dressing or Exam under Anaesthetic</td>
<td>DEA</td>
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<td>Dupuytrens Surgery</td>
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<tr>
<td>Ear Reconstruction</td>
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<td>Ear Surgery Other</td>
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<tr>
<td>Ectropion/Entropion Correction</td>
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<tr>
<td>Escharotomy</td>
<td>ECR</td>
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<td>Excision of flexor sheath ganglia - Multiple</td>
<td>EFGM</td>
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<tr>
<td>Excision of flexor sheath ganglia</td>
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<td>Excision of large and/or deep lesion (+/- direct closure)</td>
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<tr>
<td>Excision of mucous cyst - Multiple</td>
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<td>Excision of mucous cyst</td>
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<td>Excision of superficial lesion (+/- direct closure)</td>
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<td>Procedure Name</td>
<td>Lookup</td>
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<td>Face Lift (Any Version)</td>
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<td>Flap Local Medium or Large - Multiple</td>
<td>FLLM</td>
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<td>Flap Local Medium or Large</td>
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<td>Fracture / Dislocation Reduction, Hand</td>
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<td>Fracture Reduction Nose</td>
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<td>Fracture Reduction, Orbital</td>
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<td>Hypospadias Repair</td>
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<td>MicroSympathectomy, hand</td>
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<td>Microvascular Anastomosis</td>
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<td>Nasal Septal Surgery</td>
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<td>Neck Dissection (any Variant)</td>
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<td>Procedure Name</td>
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<td>Degree of Complexity</td>
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<td>Nipple Reconstruction</td>
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<td>Parotidectomy (any Variant)</td>
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<td>Penis surgery, NOS</td>
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<td>Pharyngoplasty</td>
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<td>Pressure Sore Surgery</td>
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<tr>
<td>Sentinel Node Biopsy</td>
<td>SNB</td>
<td>1 3</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>STP</td>
<td>3 3</td>
</tr>
<tr>
<td>Skin Graft Full Thickness - Multiple (+/- excision)</td>
<td>FTSM</td>
<td>1 1</td>
</tr>
<tr>
<td>Skin Graft Full Thickness (+/- excision)</td>
<td>FTS</td>
<td>1 1</td>
</tr>
<tr>
<td>Skin Laceration Repair - Multiple</td>
<td>SLRM</td>
<td>1-2 1-3</td>
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<td>SLR</td>
<td>1-2 1-3</td>
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<tr>
<td>Split Skin Graft Large</td>
<td>SSL</td>
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</tr>
<tr>
<td>Split Skin Graft Medium (+/- excision)</td>
<td>SSM</td>
<td>1 2</td>
</tr>
<tr>
<td>Split Skin Graft, Small (+/- excision)</td>
<td>SSS</td>
<td>1 1</td>
</tr>
<tr>
<td>Split Skin Grafts Large - Multiple</td>
<td>SSLM</td>
<td>1 3</td>
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<tr>
<td>Split Skin Grafts Medium - Multiple (+/- excision)</td>
<td>SSMM</td>
<td>1 2</td>
</tr>
<tr>
<td>Split Skin grafts, Small - Multiple (+/- excision)</td>
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</tr>
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<td>Subcutaneous Mastectomy / Mastectomy</td>
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<td>1 3</td>
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<td>Synovectomy</td>
<td>SV</td>
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<td>0 2</td>
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<td>Tendon Sheath Incision</td>
<td>TSI</td>
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<td>Tendon Transfers</td>
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<tr>
<td>Tendon/Muscle Repairs, Extensor - Multiple</td>
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<td>Tenolysis - Multiple</td>
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<td>Tenolysis</td>
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<td>0 3</td>
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<td>Tracheostomy</td>
<td>TCO</td>
<td>1 2</td>
</tr>
<tr>
<td>Wound Closure - Major</td>
<td>MWC</td>
<td>1-2 2</td>
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<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
<td>----------</td>
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<tr>
<td>+2 Complex facial clefts</td>
<td>+2FC</td>
<td>3</td>
</tr>
<tr>
<td>+2 Correction telecanthus</td>
<td>+2CT</td>
<td>3</td>
</tr>
<tr>
<td>+2 Cranial - Posterior Expansion - Syndromal synostosis</td>
<td>+2PE</td>
<td>3</td>
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<tr>
<td>+2 Cranial - Posterior remodelling - Lambdoid</td>
<td>+2CL</td>
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<tr>
<td>+2 Cranio orbital - BFOR - Bicoronal</td>
<td>+2CB</td>
<td>3</td>
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<tr>
<td>+2 Cranio orbital - Bifrontal orbital remodelling(BFOR) Coronal</td>
<td>+2CC</td>
<td>3</td>
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<tr>
<td>+2 Cranio orbital - Bifrontal orbital remodelling(BFOR) Metopic</td>
<td>+2CM</td>
<td>3</td>
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<tr>
<td>+2 Cranio orbital - 'Pi' procedure</td>
<td>+2CP</td>
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<tr>
<td>+2 Cranio orbital - Strip craniectomy alone</td>
<td>+2CS</td>
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<tr>
<td>+2 Cranio orbital - Strip craniectomy with springs</td>
<td>+2CO</td>
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<td>+2 Cranio orbital - Total vault remodelling - Sagittal</td>
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<td>+2 Dermoid excision - external angular dermoid</td>
<td>+2DE</td>
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<tr>
<td>+2 Dermoid excision - nasofrontal dermoid/ intracranial procedure</td>
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<td>+2DO</td>
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<td>+2 Ear reconstruction - Autogenous</td>
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<tr>
<td>+2 Ear reconstruction - Osseointegration</td>
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<tr>
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<td>+2EC</td>
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</tr>
<tr>
<td>+2 Encephalocele correction - Simple</td>
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<td>2</td>
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<td>+2 Facial Bipartition</td>
<td>+2FB</td>
<td>3</td>
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<td>+2 Facial bone grafting - complex - eg Treacher Collins</td>
<td>+2FBT</td>
<td>2</td>
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<tr>
<td>+2 Facial bone grafting - simple</td>
<td>+2FS</td>
<td>2</td>
</tr>
<tr>
<td>+2 Facial contouring - extracranial</td>
<td>+2FE</td>
<td>2</td>
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<tr>
<td>+2 Facial fracture treatment - Forehead/sinus - Coronal approach</td>
<td>+2FFC</td>
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<tr>
<td>+2 Facial fracture treatment - Forehead/sinus - Simple</td>
<td>+2FFS</td>
<td>1</td>
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<tr>
<td>+2 Facial fracture treatment - Mandible - ORIF</td>
<td>+2MO</td>
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<tr>
<td>+2 Facial fracture treatment - Midfacial/Le Fort - ORIF</td>
<td>+2MLO</td>
<td>2</td>
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<tr>
<td>+2 Facial fracture treatment - Orbital blowout - Other</td>
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<td>+2 Facial fracture treatment - Panfacial - ORIF</td>
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<td>+2 Facial fracture treatment - Zygoma - Gillies lift</td>
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<tr>
<td>+2 Genioplasty</td>
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<td>+2 Midfacial distraction - Internal</td>
<td>+2DI</td>
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<tr>
<td>+2 Midfacial distraction - RED</td>
<td>+2MD</td>
<td>3</td>
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<tr>
<td>+2 Monobloc facial advancement - Distraction - internal</td>
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<td>3</td>
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<tr>
<td>+2 Monobloc facial advancement - Distraction - RED</td>
<td>+2MR</td>
<td>3</td>
</tr>
<tr>
<td>+2 Nasal reconstruction - Rib / Cranial graft</td>
<td>+2NR</td>
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<tr>
<td>+2 Nerve Ablation - Neurotomy/Neurectomy</td>
<td>+2NA</td>
<td>1</td>
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<tr>
<td>+2 Onlay alloplastic facial implants</td>
<td>+2OI</td>
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<tr>
<td>+2 Orbital osteotomy - Hypertelorism/ facial cleft</td>
<td>+2OH</td>
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<tr>
<td>+2 Orthognathic surgery - Bimaxillary</td>
<td>+2OB</td>
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<tr>
<td>+2 Orthognathic surgery - Le Fort 1</td>
<td>+2O1</td>
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<td>+2O2</td>
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<td>+2 Orthognathic surgery - Le Fort 3</td>
<td>+2O3</td>
<td>2</td>
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<tr>
<td>+2 Orthognathic surgery - Mandibular osteotomy</td>
<td>+2OM</td>
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<tr>
<td>+2 Orthognathic surgery - Segmental Maxillary osteotomy</td>
<td>+2OS</td>
<td>3</td>
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<tr>
<td>+2 Resection bony facial tumour - no reconstruction</td>
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<td>2</td>
</tr>
<tr>
<td>+2 Resection bony facial tumour - reconstruction/ graft</td>
<td>+2RR</td>
<td>2</td>
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<tr>
<td>+2 TMJ arthroplasty</td>
<td>+2TA</td>
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<tr>
<td>+2 TMJ arthroscopy</td>
<td>+2TS</td>
<td>1</td>
</tr>
<tr>
<td>+2 TMJ washout</td>
<td>+2TW</td>
<td>1</td>
</tr>
<tr>
<td>+2 Treatment facial osteomyelitis or osteoradionecrosis</td>
<td>+2OO</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX IV

Trainee Management Program – Frequently Asked Questions

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Q. **Is my TMP login the same as my ASPS website login?**  
Ans. Not necessarily. You will have been sent two different emails with both sets of login details.

Q. **How can I change my ASPS Website username and password?**  
Ans. Once logged into the ASPS website, you can change your password to something more familiar by clicking the “Update Profile” button. Once on the “Update Profile” page, click the “Show” button to see your current password. Simply enter your new password and click update. Your password has now been changed.

Q. **How do I retrieve my TMP password?**  
Ans. After clicking through to the TMP client login page from the ASPS website you are asked for the institution login. Enter “PRS”. Then you can click the link at the bottom of the next form which says “Forget Your Password?” Enter your username and email and the TMP will send you a new password.

Q. **Do I have to update my email address on the TMP and ASPS website?**  
Ans. If you update your email address on the ASPS website, the ASPS office will receive notification the next day and ensure that it is also updated in the TMP. It is recommended that email addresses are updated on the ASPS website. ASPS will ensure that all communications are sent to the email you supply on the website.

If you update your email address in the TMP, the ASPS office does not receive notification and has no way of knowing what changes have occurred. Therefore it is important that any changes made to the TMP are followed up with an email to the ASPS office notifying ASPS of the changes.

Q. **I cannot open the Adobe file for the User Manual. How can I get a copy that works?**  
Ans. You can email ASPS (education@plasticsurgery.org.au) or NZAPS (Celia.Stanyon@surgeons.org) for a PowerPoint copy of the same file used to create the Adobe files. Alternatively, we can send you a hard copy to your preferred address.
Q. Why am I listed as a Resident in the TMP when I am a Registrar?
Ans. The TMP is an American database which limits what we can use as descriptions. “Resident” in the US is the same as “Registrar” in Australia.

Q. Why are the rotation dates different to hospital / employer dates?
Ans. The rotation dates reflect the state-wide start and end dates for the rotation and not your hospital or employer start and end dates.

Q. Why does the TMP use an American date format?
Ans. The system is produced by an American company called New Innovations. Therefore there are some differences in nomenclature, i.e. Rotation dates are in a US format. To view the date in your locale’s format you need to update your internet browser’s language settings to “en-AU” for Australian English.

Q. Why is the “Date Performed” date set to a date other than today’s date in the Procedure Logger?
Ans. The TMP time zone is set to an American time zone. Therefore you may see a date in the procedure logger which is a day behind your current date, i.e. early in the mornings. You can change the “Date Performed” date when logging a procedure to your current date by clicking the calendar icon next to “Date Performed” and selecting the correct date.

Q. What is the difference between Supervisors & Consultants?
Ans. The TMP uses the description “Supervisor” to describe all supervisors in Australia and New Zealand. Training supervisors are described as “Supervisors” in the system and the remainder of FRACS surgeons are named “Consultants”.
As consultants may be present during a procedure with a trainee, the TMP will retain details for use by trainees when they log any applicable procedure.

Q. The attending consultant is not listed in the TMP. How can I get him/her added to the TMP?
Ans. If the consultant is a Plastic Surgeon then you simply need to email the education officer (education@plasticsurgery.org.au or Celia.Stanyoni@surgeons.org) and ask for that surgeon to be added.
If the consultant is not a Plastic Surgeon (E.N.T., Orthopaedic, etc) then you should log procedure against your assigned rotation supervisor. In addition, please add a comment in the Trainee/Physician Comment Box so your supervisor is made aware of the reasons you have chosen him or her as the consultant for that procedure.

Q. Can procedures be added to the TMP?
Ans. The TMP system only allows for selection of procedures that are pre-defined in the drop down menus. The ASPS office will add new procedures as they become available.
apparent but only once approved by the Board of Plastic and Reconstructive Surgery.

**Q. What does “NOS” mean in the TMP procedure codes?**

**Ans.** NOS stands for "Not Otherwise Specified". This is used at the end of a procedure name, to identify procedures where specific details are not available or relevant. NOS is a coding standard in medical coding which comes from the WHO’s ICD-10 coding system.

**Q. How do I use the custom view in the Procedure Logger?**

**Ans.** If you are looking for a way to customize the way procedure logs are viewed, you can do that in the Procedure Logger. Here are the steps:

1. Go to Main > Procedure Logger > Add/View/Confirm > View
2. Click "Columns" near the top right of your screen
3. Check the box next to items you wish to see on the View page
4. Select the number of procedures you wish to see on each page
5. Click "Save and Return"

You can also filter the View page to show certain procedures by clicking "Search Procedure Logs." Note that the Procedure Logger by default only shows procedures going back 90 days. If you wish to view all procedures for any date you need to select "Show All Dates“ and click "Apply Date Range."

**Q. When I use the Procedure Loggers custom view and add Patient ID as an additional data column, it leaves the cells under the heading “Patient ID” blank.**

**Ans.** Nothing will show up for this field as data is not logged for that field. Data is logged against the custom field “Patient ID/Case ID”. In addition, logs are created in the division of your state. So, if for example, you are training in the division Plastic & Reconstructive Surgery/New South Wales, you will only be able to see the data in the “Patient ID/Case ID" column for data logged in New South Wales.

**Q. Why do operations logged in the Procedure Logger not show in my Log Book?**

**Ans.** The Procedure Logger module and the Log Books module do not communicate or connect with each other. The purpose of the Log Book is to provide a place to collect and report on data not collected by other modules or features in the TMP.

**Q. How can I access the TMP using Mac?**

**Ans.** Web browsers from Mozilla such as Firefox, Chrome or Opera, are generally platform independent. You may wish to download it for installation on your Mac.

Although Mac is not recommended it will still work for the majority of processes within the system with a platform independent browser as it is web-based, although only Windows is fully supported by New Innovations.
There is an alternative if you have a compatible PDA or Smartphone (iPhone, Android phone or Windows Mobile Palm): There is TMP software you can download and install for use on your mobile device. The company that produces the TMP has options available for all of the above. Visit the TMP website at https://www.new-innov.com/PDA/PDA_Host.aspx?Control=Start

Q. When I’m logged in to the system, why is it called ‘Residency Management Suite’?
Ans. The TMP is produced by a third party provider. ASPS has undertaken a customisation of the system so it conforms to RACS surgical training requirements. Some features are not customisable but ASPS are working with New Innovations to make the system more Australasian in terms of the wording used, date formats and time zones.

Q. Who is New Innovations?
Ans. New Innovations is an American organisation which produces the TMP system.

Q. What do the Procedure Logger Supervision Levels mean?
A. There must always be a Consultant available before a registrar can take a patient to theatre.
1. Surgeon alone = The Consultant is not physically present in the theatre complex. He/she may be at home but on call. The registrar is the primary operator.
2. Mentor available = The Consultant is immediately accessible i.e. observing in theatre or on the floor.
3. Mentor scrubbed = The Consultant is assisting (with the registrar as the primary surgeon).
4. Assistant = The Consultant is the primary operator (with the registrar assisting).

Q. How can I download attachments for specific conferences?
A: To get information and downloads relating to specific conferences follow this process:
• Logon as you normally would;
• Go to Main > Conferences and then click on Calendar under the View menu;
• Select “All Departments” from the Display drop down menu.
• **Choose the date** you are interested in. Click “Go”:

![Conference Calendar View](https://example.com/calendar.png)

- Click on the conference you are interested in. Then navigate to the attachments;
- Download the attachment you are interested in.

Please contact me if there is anything more that I can help you with.

**Q. How can I get a report of my logged procedures**

**A.** To get a report of your logged procedures follow the following steps:
- Go to ‘Main’ > ‘Procedure Logger’
- Select **Reports > Student/Physician Reports > Advanced reports**
- On the next screen you will see a set of predefined reports. Some of these may be of use to you so you might want to familiarise yourself with them.
- The ASPS secretariat has created a report for you called ‘Total procedures by role including Confirmation Status’. Click this report.

- The next screen will show you a report of all procedures with a summary total at the end of the page.
- Please check the date ranges are correct then you can export to either an excel document (bottom right) or a PDF (top right).

Q. **The TMP doesn't work properly in my internet browser (e.g. Apple's Safari)**

A. If the TMP doesn’t work in Safari (or any other browser) please try using different browser software. We recommend Mozilla Firefox, however Opera Browser and Google Chrome are other options.
**Plastic and Reconstructive Surgery**

**Direct Observation of Procedural Skills Assessment Form**

Surname .......................................................... First name……………………………………………..

Assessment date..........................

**Level** □ SET1 □ SET2+ □ Other

Hospital.......................................................................................................................................................

**Clinical setting:**

□ Theatre □ ICU □ Emergency Department □ Other ..........................................

**Name of procedure:** ……………………………………………………………..………. .....................

**Difficulty of procedure:**

□ Easier than usual □ Average □ More difficult than usual

**Number of times this procedure has been performed by this trainee prior to this occasion** ............

**Assessor’s position:** □ Supervisor..................... □ Consultant ...................

**Please assess and mark the following areas:**

<table>
<thead>
<tr>
<th>Please assess and mark the following areas</th>
<th>Unsatisfactory</th>
<th>Borderline</th>
<th>Competent</th>
<th>Excellent</th>
<th>Not observed / not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explains the procedure and complications to the patient and obtains patient’s informed consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Prepares for procedure according to an agreed protocol</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Demonstrates good asepsis and safe use of instruments/sharps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Performs technical aspects competently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates manual dexterity required to carry out procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Adapts procedure to accommodate patient and/or unexpected events</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Is aware of own limitations and seeks help when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Completes required documentation (written or dictated)</td>
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<tr>
<td>9. Analyses their own clinical performance for continuous improvement</td>
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<tr>
<td>10. Overall ability to perform whole procedure</td>
<td></td>
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</tbody>
</table>

**Suggestions for development**

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**Other comments**

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.......................................................................................................................................................

.......................................................................................................................................................

.......................................................................................................................................................

**Agreed action:**

.......................................................................................................................................................

.......................................................................................................................................................

.......................................................................................................................................................

.......................................................................................................................................................

**Assessor’s signature:** ............................................ **Assessor’s name:**.................................

**Signature of person being assessed** ........................................................................................................
Plastic and Reconstructive Surgery

Mini Clinical Evaluation Exercise (Mini-CEX) Assessment Form

Surname ................................................. First name………………………………………………..

Assessment date……………………

Level

- SET 1
- SET 2+
- Other

Hospital ...................................................................................................................................................

Clinical setting:

- ICU
- Emergency Department
- Other

Type of case:  

- New case
- Follow-up

Focus of clinical encounter:  

- History
- Diagnosis
- Management
- Explanation

Complexity of case:  

- Low
- Average
- High

Assessor’s position:  

- Supervisor: __________________
- Consultant: __________________

Please assess and mark the following areas:  

<table>
<thead>
<tr>
<th>Areas</th>
<th>Unsatisfactory</th>
<th>Borderline</th>
<th>Competent</th>
<th>Excellent</th>
<th>Not observed / not applicable</th>
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<tbody>
<tr>
<td>1. History taking</td>
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<td>2. Physical Examination</td>
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<td>3. Communicates to patients (and their family) about procedures,</td>
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<td>potentialities, and risks to encourage their participation in</td>
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<td>informed decision making</td>
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<td>4. Adjusts the way they communicate with patients for cultural and</td>
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<td>linguistic differences and emotional status</td>
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<td>5. Recognises what constitutes ‘bad news’ for patients (and their</td>
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<td>family) and communicates accordingly</td>
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<td>6. Recognises the symptoms of, accurately diagnose, and manage</td>
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<td>common problems</td>
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<td>7. Professionalism</td>
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<td>8. Organisation / Efficiency</td>
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<td>9. Overall Clinical Care</td>
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Suggestions for development

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Other comments

……………………………………………………………………………………………………………………………………

Agreed action

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Assessor’s signature: ………………….............. Assessor’s name…………………….............................

Signature of person being assessed ………………….........................................................................
<table>
<thead>
<tr>
<th>Clinical Activities</th>
<th>January</th>
<th>February</th>
<th>March</th>
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<th>July</th>
<th>August</th>
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<th>December</th>
<th>Total hours</th>
<th>Percentage of time as clinical hours</th>
<th>Average time per month as clinical hours</th>
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<tr>
<td>Routine Private hours</td>
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</table>
**APPENDIX VII**

**Resource Websites**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Website</th>
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<tbody>
<tr>
<td>Royal Australasian College of Surgeons</td>
<td><a href="http://www.surgeons.org/">http://www.surgeons.org/</a></td>
</tr>
<tr>
<td>New Zealand Association of Plastic Surgeons</td>
<td><a href="http://www.plasticsurgery.org.nz/">http://www.plasticsurgery.org.nz/</a></td>
</tr>
<tr>
<td>Australian and New Zealand Burns Association</td>
<td><a href="http://www.anzba.org.au/">http://www.anzba.org.au/</a></td>
</tr>
<tr>
<td>Australian and New Zealand Head and Neck Society</td>
<td><a href="http://www.anzhncs.org/">http://www.anzhncs.org/</a></td>
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</tbody>
</table>
Appendix VIII

Royal Australasian College of Surgeons

TRAINING AGREEMENT

SURGICAL EDUCATION & TRAINING

Background

The College is committed to ensuring that surgical training is undertaken in an appropriate environment, and that trainees understand both their rights and their duties as members of the training program. It is important that the training program is conducted in a manner which ensures transparency and accountability and achieves the required educational standards. This document sets out the statement of intentions of the trainee and the Board of Plastic & Reconstructive Surgery Training, (as represented by the Chair) for the duration of the training program.

Acknowledgement by Trainee

I, ...................................................   agree and declare that:

( Name in block letters)

I have read all information relevant to my participation in the SET Program in Plastic & Reconstructive Surgery.

I agree to comply with and fully observe all SET Program requirements.

I am not aware of any personal circumstances (including health and medical conditions, visa status, family or other responsibilities, personal values or beliefs) which would prevent me from performing all requirements of the SET Program, and the work necessary to be undertaken (unless previously discussed with and explicitly acknowledged in writing by the Board of Plastic & Reconstructive Surgery).

I will endeavour to achieve the objectives of surgical training, which are to acquire skills, knowledge and experience in the nine College competencies of:

- Professionalism
- Scholar / Teacher
- Health Advocacy
- Management and Leadership
- Collaboration
- Communication
- Medical Expertise
- Judgment – Clinical Decision Making
- Technical Expertise
I agree to be an active participant, optimising to my personal benefit the educational experiences and opportunities presented to me.

I undertake to observe all relevant College policies in relation to surgical training and to comply with all regulations and reasonable directions of the College. I understand that failure to do so may result in my suspension or dismissal from the training program. It is my responsibility to ensure that I am aware of all College policies, procedures, and regulations, and that I will comply with these within all relevant time limits and deadlines notified.

I agree that if I have concerns regarding my training, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:

- My supervisor
- My mentor (if appointed)
- The Specialty Board Chair (or the Regional Subcommittee Chair in the first instance)
- The Dean of Education

I agree and acknowledge that while I may seek advice and support, no Fellow of the College or member of staff is authorised to vary the rules and guidelines for the College Training Program or the policies of the College in relation to the Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate approval has been received.

I agree to personally participate in College review processes in relation to my performance on the training program. I acknowledge that the College has an Appeals Mechanism Policy regarding any decision about my surgical training with which I disagree. I agree to seek and provide feedback about my training experience, as appropriate. If I have concerns, it is my responsibility to raise them.

I also acknowledge that while the College (and its agents) is the accredited educational provider they are not employers, and that I must abide by my employment conditions. I grant the College permission to release my contact details to the hospitals where I am allocated a training post. I acknowledge it is my responsibility to contact hospitals to which I am allocated no later than 4 weeks after notification to initiate employment procedures, and I understand that failure to do so may result in the hospital refusing employment.

Where there is conflict between my employment obligations and training requirements I will advise my supervisor accordingly.

I release my supervisor, the Board and the College (and its representatives) from all claims or liability arising from advice or assistance given in good faith.

I acknowledge that it is my responsibility to be fully informed and aware of all requirements of the College, particularly rules, guidelines, time limits, and policies in relation to the Training Program, including information available on the College and Society websites.

I agree to make all applications and provide all information required by the College within the time limit or deadlines stipulated by the College.

I agree to accept a training allocation other than in my preferred state and understand that the Board cannot provide any assurance of my transferring to my preferred training state over the duration of my training.

I certify that during the period of my training, every case logged in the Trainee Management Program (TMP) will be accurate.
I will ensure that I am acting at all times within legal and ethical guidelines regarding practices in and around assisting and billing in my state or region. I will check both the hospital policy and/or regional health or state health authority's guidelines and policies in relation to my billing for assistance with my consultants, both in the hospitals in which I work and other public or private hospitals off campus. This will also apply to all cases assisted under Workcover or Workers’ Compensation. I am aware of my personal accountability in relation to the above circumstances.

Acknowledgement by Board Chair

As the representative of the Board I agree that the training program will be conducted by the Board in accordance with all relevant policies and procedures. The Board will, through its supervisors and other senior educational Fellows endeavour to:

- Allocate approved clinical rotations to trainees
- Allocate to each trainee a Supervisor for their clinical rotation
- Assist the trainee in achieving their education needs
- Review the trainee’s learning objectives, in an endeavour to ensure that they are realistic, achievable and within the scope of the learning opportunities available
- Advise the trainee, as requested, on resources available to assist the trainee in achieving the objectives
- Assist the trainee to make the time needed for attendance at any required teaching sessions, making appropriate time allowance for learning needs, and providing the appropriate balance between training and service
- Encourage a climate for learning and training
- Meet regularly with the trainee, and conduct formal meetings at least every 3 months to review the trainee’s progress and provide feedback
- Complete all reports as required by the College and the policies of the training program

I agree and acknowledge that no individual Board member, Supervisor, other Fellow of the College or member of staff is authorised to vary the rules and guidelines for the College Training Program or the policies of the College in relation to the Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time will be confirmed to the trainee in writing after appropriate approval has been received.

Acceptance

We accept the rights and responsibilities of our respective positions in this Statement of Intention.

Signed:

________________________________________  _________________________________
Trainee                                      Name in block letters
Date: …………………… 20…..

________________________________________  _________________________________
Board Chair                                  Name in block letters
Date: …………………… 20…..
Appendix IX

College Training Policies (available on the RACS website)

SET: Admissions to Fellowship by Examination - Article 19
SET: Appointments to the Court of Examiners
SET: Assessment of Clinical Training
SET: Authority to Approve Admission to Fellowship Pursuant to Article 21
SET: Board of Surgical Education and Training Terms of Reference
SET: Censor In Chief's Review Committee Terms of Reference
SET: Clinical Assessment of International Medical Graduates in Australia
SET: Conduct of Fellowship Examinations
SET: Conduct of the Clinical Examination Policy
SET: Conduct of the Generic Surgical Science Examination
SET: Conduct of the Specialty Specific SSE Examination
SET: Court of Examiners Terms of Reference
SET: Dismissal from Surgical Training
SET: Education Board Terms of Reference
SET: Fellowship Examination Eligibility, Review and Feedback
SET: Former Trainees Seeking Re-Entry into Surgical Training
SET: Identification and Management of Academic Misconduct
SET: Notification of Special Circumstances and Disability
SET: Observers of Fellowship Examinations
SET: Post Fellowship Education and Training Steering Committee Terms of Reference
SET: Preparation for Surgical Training (PreSET) Policy
SET: Recognition of Prior Learning and Credit Transfer Policy
SET: Registration for Selection into Surgical Education and Training (SET) Policy
SET: Religious Observance
SET: Research During Surgical Education and Training
SET: Selection to Surgical Education and Training
SET: Specialty Boards and their Regional Subcommittees - Terms of Reference
SET: Surgical Science and Clinical Examinations Committee - Terms of Reference
SET: Surgical Supervisors
SET: Surgical Training Fees
SET: Terms of Reference for International Medical Graduate Assessment Interview Panels
SET: Trainee Registration and Variation Policy
APPENDIX X.

ASSESSMENT OF CLINICAL TRAINING

1. PURPOSE

These procedures outline the method that the Board of Plastic and Reconstructive Surgery will undertake to manage the assessment of a trainee undertaking clinical training in an accredited training position as part of the surgical education and training (SET) program.

2. GUIDELINES

2.1. Assessment of Performance during Clinical Training

2.1.1. Each accredited training position has a Royal Australasian College of Surgeons (RACS) approved surgical supervisor nominated by the hospital and approved by the relevant Specialty training Board. Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through their designated accredited training posts.

2.1.2. Where a trainee is placed in an accredited post of another specialty (e.g. a SET 1 Plastic and Reconstructive Surgery trainee in a General Surgery post) a Surgical Supervisor of that specialty will be nominated by the trainee’s Specialty Training Board and will assume overall responsibility for the assessment of performance during that period of clinical training.

2.1.3. Trainers are surgeons, or other medical specialists, who normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as appraising and assessing their performance.

2.1.4. The assessment of a trainee’s performance by the surgical supervisor is fundamental to their continuing satisfactory progression through the surgical education and training program.

2.1.5. An assessment report must be completed for each trainee in an accredited clinical training position:

a. within a two week period either side of the completion of each six month period.

b. within a two week period either side of the completion of each three month period where requested by the Specialty Board or Regional
Subcommittee.
c. as soon as is practical any time after the identification of unsatisfactory or marginal performance as determined by the surgical supervisor.
d. at the end of the probationary period or at more frequent intervals during a probationary period where requested by the Specialty Board or Regional Subcommittee.

2.1.6. The trainee and the surgical supervisor must have a performance assessment meeting to discuss the assessment report. Where unsatisfactory or marginal performance is identified a remedial plan must be subsequently prepared.

2.1.7. The completed assessment report should be signed and dated by both the trainee and the surgical supervisor and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment.

2.1.8. The trainee is responsible for forwarding the completed assessment report to Board of Plastic and Reconstructive Surgery or Regional Subcommittee by the communicated due date or within one week of signing of the assessment report, whichever is sooner.

ASSESSMENT OF CLINICAL TRAINING

2.1.9. Trainees are required to keep a copy of the assessment report for their personal records and training portfolio.

2.1.10. The Board of Plastic and Reconstructive Surgery or Regional Subcommittee is responsible for the review of assessment report and accreditation of clinical rotation.

2.2. Assessment of Operative Experience during Clinical Training

2.2.1. Accurate reporting of the operative experience by each trainee in an accredited clinical training position is required. The operative logbook (the logbook) provides details about the trainee’s level of supervised and independent surgical operative experience.

2.2.2. The logbook must be completed by the trainee at regular intervals as determined by the Board of Plastic and Reconstructive Surgery or Regional Subcommittee.

2.2.3. The logbook must be signed and dated by both the trainee and the
surgical supervisor as an accurate record of the operative experience
gained.

2.2.4. The trainee is responsible for forwarding the completed logbook to the
Board of Plastic and Reconstructive Surgery or Regional Subcommittee by
the communicated due date or within one week of signing of the logbook,
whichever is sooner.

2.2.5. Trainees are required to keep a copy of their logbook for their personal
records and training portfolio.

2.2.6. The Board of Plastic and Reconstructive Surgery or Regional
Subcommittee is responsible for the review of logbook and accreditation
of clinical rotation.

2.2.7. Inaccurate recording of procedures in the operative logbook is
classified as misconduct and forms grounds for dismissal in
accordance with the Board of Plastic and Reconstructive Surgery
Dismissal from Surgical Training policy.

2.3. **Probationary Status for Unsatisfactory or Marginal Performance**

2.3.1. Where an assessment report identifies unsatisfactory or marginal
performance, the Board of Plastic and Reconstructive Surgery or Regional
Subcommittee must formally notify the trainee, copied to the surgical
supervisor and the relevant employing authority, that probationary status has
been applied. Such notification should include:

a. Identification of the areas of unsatisfactory or marginal
   performance
b. Confirmation of the remedial action 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 implications if the required standard of performance is not
   achieved.

2.3.2. The probationary period should usually be no less than three months and no
more than six months.

2.3.3. During the probationary period the trainee's performance should be
regularly reviewed by the surgical supervisor and the trainee should be
offered constructive feedback and support.
2.3.4. If performance has improved to the required standard at the conclusion of the probationary period the probationary status must be removed.

2.3.5. If performance has not improved to the required standard at the conclusion of the probationary period the Board of Plastic and Reconstructive Surgery or Regional Subcommittee may proceed with dismissal in accordance with the Board of Plastic and Reconstructive Surgery policy on Dismissal from Surgical Training.

2.4. **Accreditation of Clinical Training Rotations**

2.4.1. A clinical rotation will be recorded as satisfactory when the assessment report and logbook have been submitted by the communicated due date and satisfy the Board of Plastic and Reconstructive Surgery or Regional Subcommittee performance standards.

2.4.2. 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 of Plastic and Reconstructive Surgery or Regional Subcommittee.

2.4.3. A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook does not satisfy the Board of Plastic and Reconstructive Surgery or Regional Subcommittee performance standards.

2.4.4. A clinical rotation may be recorded as unsatisfactory if leave exceeds six weeks in any six month rotation (or pro-rata).

2.4.5. Where an assessment report is rated as marginal the Board of Plastic and Reconstructive Surgery or Regional Subcommittee must review the report and determine if the clinical rotation is to be recorded as unsatisfactory.

2.4.6. If a clinical rotation has been recorded as unsatisfactory the rotation will not be accredited towards the trainee’s surgical education and training and will require an extension of training. The length of the extension will be determined by the Board of Plastic and Reconstructive Surgery or the Regional Subcommittee.

2.4.7. 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 of Plastic and Reconstructive Surgery may record the rotation as “not assessed”. Trainees may be placed on probation with a remediation plan to return competency to the required standard.
3. **ASSOCIATED DOCUMENTS**

<table>
<thead>
<tr>
<th>Royal Australasian College of Surgeons Policy:</th>
<th>Surgical Trainers</th>
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<tbody>
<tr>
<td>Board of Plastic &amp; Reconstructive Surgery Policy:</td>
<td>Dismissal from Surgical Training</td>
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</tbody>
</table>
APPENDIX XI.

DISMISSAL FROM SURGICAL TRAINING

1. PURPOSE AND SCOPE
The purpose of this policy is that all disciplinary and dismissal matters be dealt with fairly, promptly, and in such a manner as is consistent with the rules of natural justice. This policy relates to the principles of dismissal from the Plastic and Reconstructive Surgery Surgical Education and Training (SET) program.

The Board of Plastic and Reconstructive Surgery (the Board) is responsible for the assessment of overall performance and supervision of surgical trainees. It is recognised the Royal Australasian College of Surgeons (the College) or the corresponding external Society or Association and the trainee's employing body share responsibility for managing a trainee's performance and that dismissal from surgical education and training may affect a trainee's employment.

2. KEYWORDS
Dismissal; SET; Surgical Training; Medical Registration; Misconduct; Unsatisfactory Performance.

3. BODY OF POLICY
3.0. Dismissal

As set out in the College Dismissal from Surgical Training policy, trainees may be dismissed from the SET program for any one or more of the following:
3.0.1. Unsatisfactory performance where they have been assessed as unsatisfactory in two consecutive or three non-consecutive clinical rotations;
3.0.2. Misconduct considered to be so serious as to warrant dismissal from training;
3.0.3. Failure to complete training requirements within specified timeframes;
3.0.4. Failure to comply with written direction of the College and its Boards and Committees;
3.0.5. Failure to pay training related fees by due deadlines;
3.0.6. Failure to maintain general medical registration or general scope registration;
3.0.7. Failure to achieve or maintain employment in accredited training posts; and
3.0.8. Other circumstances as approved by the Censor-in-Chief.

3.1. Unsatisfactory Performance
3.1.1. Trainees may be considered for dismissal for unsatisfactory performance if:
3.1. The trainees’ performance has been rated as unsatisfactory during a probationary period applied in accordance with the Assessment of Clinical Training Policy; or

b) the trainees’ performance has been rated as unsatisfactory for three or more assessment periods at any time during their SET Program.

3.1.2. If dismissal is considered applying 3.1.1 (b) the trainee must have received written notification after the second unsatisfactory assessment period that any further unsatisfactory assessment period at any time during their SET Program may result in dismissal.

3.1.3. A subcommittee of the Board of Plastic and Reconstructive Surgery (or its Specialty Regional Subcommittee) must interview the trainee prior to making a decision regarding dismissal to provide the trainee with the opportunity to give their perspective in writing and verbally.

3.1.4. The subcommittee shall consist of a minimum of 3 and a maximum of 5 members who shall be Fellows of the College. The subcommittee must not include a practising lawyer.

3.1.5. No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the trainee.

3.1.6. Where a trainee elects to make a written submission it should be submitted three (3) working days before the meeting.

3.1.7. Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the trainee within 10 working days and prior to any recommendation to the Board.

3.1.8. Trainees will be provided with a minimum of 10 working days notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program. Trainees may be accompanied by a person who can provide support but cannot advocate for the trainee. The support person cannot be a practicing lawyer.

3.1.9. Where a trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.

3.1.10. The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.
3.1.11. 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.

3.1.12. The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

3.1.13. Where dismissal is recommended the trainee may be suspended from training and the Board must seek ratification of the dismissal from the Chair of the Board of Surgical Education and Training. The Chair will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.

3.1.14. Substantiating documentation must demonstrate that the trainee had appropriate meetings to discuss performance and had a performance management plan addressing known deficiencies.

3.1.15. The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training.

3.1.16. The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

3.2. Dismissal for Misconduct

3.2.1. Examples of misconduct include but are not limited to the following:
   a. Discrimination, harassment or bullying
   b. Abusive, violent, threatening or obscene behaviour
   c. Being found guilty of a criminal offence which results in a jail term or restrictions on the trainee’s ability to practice medicine
   d. Theft, fraud or misappropriation of funds
   e. Being under the influence of alcohol or illegal drugs while at work
   f. Falsification of training records, patient documentation or patient treatment
   g. Serious breach of patient safety
   h. Gross insubordination or wilful disobedience in carrying out lawful requirements of the Training Program
   i. Bringing the College’s name into disrepute
   j. Abandonment of employment or training post
   k. Dishonesty
   l. Academic misconduct (refer to Academic Misconduct Policy).

3.2.2. Incidents of misconduct must be documented and verified as soon as possible after the supervisor and/or trainers are made aware of their occurrence and brought to the attention of the trainee. Allegations of misconduct not
3.2.3. The principles of natural justice will apply to all allegations and investigations concerning misconduct. This includes the right of the trainee to understand, consider and respond to the alleged misconduct at a meeting with a subcommittee of the Board. The trainee may be suspended from the training program pending an investigation.

3.2.4. The subcommittee shall consist of a minimum of 3 and a maximum of 5 members who shall be Fellows of the College. The subcommittee must not include a practising lawyer.

3.2.5. No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the trainee.

3.2.6. Trainees will be provided with a minimum of 10 working days notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program. All documentation pertinent to the allegation must be provided at this time. Trainees may be accompanied by a person who can provide support but cannot advocate for the trainee. The support person cannot be a practising lawyer.

3.2.7. Where a trainee elects to make a written submission it should be submitted 48 hours before the meeting.

3.2.8. Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the trainee within 10 working days and prior to any recommendation to the Board.

3.2.9. The recommendation and minutes of the subcommittee must be forwarded to the parent board/committee for consideration.

3.2.10. A trainee may be dismissed for misconduct without undertaking a probationary period. Where misconduct is established but dismissal is not recommended the trainee may be counselled and given a probationary period in which to improve their behaviour.

3.2.11. 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.

3.2.12. In all misconduct instances where dismissal is recommended, the Board must seek ratification from the Chair of the Board of Surgical Education and
3.3. Failure to complete training program requirements

3.3.1 Trainees who fail to complete the training requirements within the timeframe specified by the Board or the College may be dismissed.

3.3.2 Where initiated by the Board, the Board will make the recommendation on whether or not the trainee should be dismissed or any probationary periods or conditions that should be applied if dismissal is not recommended.

3.3.3 The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

3.3.4 Where dismissal is recommended the trainee may be suspended from training and the Board must seek ratification of the dismissal from the Chair of the Board of Surgical Education and Training. The Chair will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.

3.3.5 In all instances the final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training.

3.4. Failure to comply with College Direction

3.4.1. As the accredited training authority, trainees are required to comply with any policy direction of the College or its Agents pertaining to training activities.

3.4.2. Breaches of the College Code of Conduct that are not misconduct (refer to 3.2) are considered to be a failure to comply with College direction.
3.4.3. Repeated failure to comply with directions during the life of the training program will constitute a dismissible offence.

3.4.4. Trainees will receive written warnings, the second of which will advise that any further breach during the life of the training program may result in dismissal.

3.5. Failure to pay outstanding monies
Trainees who do not pay outstanding monies owed to the College or its Agents will be dismissed in accordance with the College Credit Management procedure.

3.6. Failure to satisfy medical registration or employment requirements
3.6.1. Trainees who, for any reason (excluding medical), 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.

3.6.2. Valid medical registration is defined as general medical registration without restriction in Australia, and general scope registration (including restricted general scope registration in the relevant specialty) in New Zealand.

3.6.3. 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 automatically suspended from the training program.

3.6.4. Where employment is refused, the trainee must be informed within 10 working days and provided with copies of the employer’s correspondence to the College (or its agent).

3.6.5. After 30 working days of the date of notification to the trainee of the second refusal of employment, dismissal proceedings may commence.

3.6.6. Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located will be dismissed.

3.6.7. The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training.

3.7. Appeal
Decision relating to dismissal from surgical training may be appealed in accordance with the College Appeals Mechanism Policy.
4. ASSOCIATED DOCUMENTS

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MANAGEMENT OF MISCONDUCT

1. **Purpose and Scope**

This document provides a guideline for identification and management of misconduct.

2. **Minimising Academic Misconduct**

Prior to the assessment activity the Royal Australasian College of Surgeons (the College) as represented by a Fellow, supervisor, invigilator or staff member shall, by sending written advice and/or by giving advice at the place of assessment, notify candidates of the terms of this policy and of the requirements for the proper and honest conduct of the assessment. Trainees and assessment candidates will be advised that certain materials and objects are not allowed in assessment venues, and will be given an opportunity prior to the commencement of the assessment to surrender any such forbidden objects or materials inadvertently brought to the assessment venue.

Trainees and other assessment candidates will be required to provide documented evidence of their identity at the assessment venue prior to the commencement of the assessment, and will be advised in writing prior to the assessment of appropriate and acceptable forms of identification.

3.3 **Reporting Academic Misconduct Suspected In Relation To an Assessment or Examination**

The Fellow, supervisor, invigilator or staff member, having a reasonable belief that academic misconduct has occurred or is occurring or will occur, shall if and as appropriate:

3.3.1 confiscate from the Trainee or assessment candidate any suspect notes, materials or objects;

(i) if the person fails to comply with this request the person will be told that s/he will not be able to rely on the materials as a defence at a later date

(ii) the person will be told that failing to comply with any reasonable and appropriate request to hand over any materials or objects may result in forfeiture of the assessment result and/or other penalties

(iii) the person should receive statements (i) and (ii) in writing at the time of the request

and/or

3.3.2 ensure the person’s examination material is packaged separately and/or

3.3.3 complete an incident report providing full details of the alleged misconduct and include this in a sealed package separate from the exam paper referred to in 2 above and/or

3.3.4 advise the person, at the conclusion of the assessment process, that an incident report has been referred to the Director of Education and Training Administration and/or

3.3.5 report the action to the Director of Education and Training Administration

The Director shall advise the Chair of the Court of Examiners, the Chair of the Board of Surgical Education and Training, or the appropriate Specialty Board Chair as appropriate.
If it is suspected that Trainees or others are acting in collusion, the Fellow, supervisor, invigilator or staff member of the College shall follow the above process by producing an incident report for each individual person, documenting the suspected collusion on each separate incident report.

3.4 Review of the Incident Report
The incident report will be reviewed by the Director of Education and Training Administration and the Chair of the Court of Examiners (for Fellowship Examination assessments) or the Director of Education and Training Administration and the Chair of the Board of Surgical Education and Training (for other Surgical Training matters and for international medical graduate assessments). If it is considered that there is sufficient prima facie evidence of misconduct a more thorough review may be requested by referral to the Academic Conduct Committee (ACC, see below).

The appropriate Chairman will provide a written report for referral to the committee.

The appropriate Chairman will have the authority to withhold a candidate’s results if the matter has been referred to the ACC (see below).

3.5 Academic Conduct Committee
Education Board shall ensure, by developing policy, that the processes of the College in relation to academic misconduct are equitable and accountable and could stand up to external scrutiny. The Academic Conduct Committee (ACC) shall report to Education Board.

The ACC shall be established to implement College policy on academic misconduct. The ACC shall be established prior to cases of misconduct being brought before it under this policy.

The roles of the ACC are to review alleged incidents of academic misconduct, to conduct appropriate investigation of alleged incidents and to recommend penalties for those found to have engaged in academic misconduct.

Roles
The ACC will have two roles and may be convened differently as appropriate for these two roles.
First, the ACC is a tribunal of fact with the role of deciding, on the evidence from all parties, what has happened, and with the role of deciding whether the policy on academic misconduct has been breached.

Second, the ACC has a disciplinary role where a submission regarding a decision from the tribunal of fact is considered so that a penalty may be allocated.

Membership
3.5.1 Censor in Chief or nominee
3.5.2 Chairman, Board of Surgical Education and Training or nominee Chairman of the appropriate Surgical Specialty Board or the appropriate Specialty Senior Examiner or nominee
3.5.3 An independent person, who is not a Fellow of the College.
3.5.4 A Jurisdictional Representative.
3.5.5 A Surgical Trainee not known to the Trainee to whom the incident refers.

The Chair shall be a member of the ACC, shall be a Fellow of the College and shall be nominated by the members of the ACC.

The Chief Executive Officer or nominee will be in attendance as the secretariat to the ACC and as such shall not be a member of the Committee.

The Honorary College Solicitor or nominee shall be in attendance as the legal advisor to the ACC and as such shall not be a member of the Committee.

**Quorum**

A quorum for meetings of the ACC when acting as a tribunal of fact and when acting to determine a penalty in the event that a finding of academic misconduct is made shall be the Chair and four other members.

**Timing**

The ACC must be convened as soon as it is practical, but no later than 42 days from receipt by the appropriate Board Chair of the incident report. The Trainee/candidate must be given at least 28 days notice of the meeting. At the time of notification of the meeting the Trainee/candidate will be provided with all documents relevant to the allegation of academic misconduct.

**Procedure for the Academic Conduct Committee**

The Trainee/candidate may attend the ACC meeting and make a written or verbal submission to the Committee. The Trainee/candidate may be accompanied to the meeting but the accompanying person may not act in any way as an advocate.

The Committee may follow any procedure it considers appropriate as it is not bound by the rules of evidence, other technicalities or legal forms and it may inform itself in relation to any matter in such manner it thinks fit but it must:

- Act fairly and in accordance with natural justice
- Afford each party the opportunity to adequately state his or her case and to correct or contradict any relevant statement which he or she believes to be untrue
- Ensure that each party has proper notice of the alleged misconduct
- Ensure all documents that are to be relied upon by a party at the meeting have been made available to the other party at least two weeks in advance

**3.6 Decisions of The Academic Conduct Committee**

After hearing evidence in support of the allegations of misconduct, after hearing the Trainee/candidate, and after consideration of any written and/or verbal submission by the Trainee/candidate, the ACC may dismiss the allegation. However, if it finds after such
consideration that the Trainee/candidate was guilty of academic misconduct, the ACC may impose penalties.

The penalties shall be considered to be punishment appropriate to the offence. In consideration of the penalty the ACC shall consider whether the offence was:

- Pre-meditated and/or planned
- Committed by a re-offender
- Disruptive and/or disadvantageous to other Trainees and/or candidates

The ACC may also consider whether:

- There was insight or contrition shown
- There were mitigating or significant other circumstances
- The aberrant behaviour could be considered to have been temporary or short-term in nature (it may be appropriate to consider mentors’ reports, supervisors’ reports or other documentation submitted in the normal course of the training program to aid with this deliberation)

All of these circumstances could be used to aid the ACC to determine whether any or all of the following penalties could be applied to the offence:

- Reprimand the Trainee
- Determine that the Trainee be counselled
- Deprive the Trainee of credit for the component of assessment to which the misconduct related
- Recommend to Education Board that the Trainee be excluded from the training program for such period as it thinks fit
- Recommend to Education Board that the Trainee be dismissed from the training program

The Trainee/candidate will be notified in writing of the decision within 14 days of the Committee hearing. The Trainee has the right to appeal a decision of the Academic Conduct Committee through the appeals mechanisms of the College.
1. PURPOSE AND SCOPE

The purpose of this policy is to ensure that the Royal Australasian College of Surgeons (the College) provides a working environment that is safe, without risk to health and free of inappropriate behaviours. This policy is based on various Australian state and federal and New Zealand legislative acts and the College will abide by state/country-specific laws regarding inappropriate behaviours.

The Occupational Health and Safety Act 2004 (Victoria) requires employers to ensure that they provide a working environment that is safe and without risk to health. This is the most comprehensive of the OH&S environments in the various jurisdictions in which the College operates and therefore the most appropriate.

The purpose of this policy is to describe human resource practice at the College and its position on bullying, harassment and inappropriate discrimination in relation to College staff.

2. KEYWORDS

Bullying, Inappropriate Behaviour, Discrimination, Equal Opportunity, Harassment, Sexual Harassment, Vilification, Victimisation.

3. BODY OF POLICY

The College is committed to providing a working environment where each employee feels respected, valued, recognised for their contribution and treated fairly. Any inappropriate behaviour, harassment or bullying whether it is verbal, physical or environmental is unacceptable and will not be tolerated. The College is committed to creating a working environment that is free from discrimination.

If an employee is subjected to inappropriate behaviour, including bullying, from a Fellow this would need to be addressed through the College’s policies. An employee should therefore approach their manager who will then consult with the Chief Executive Officer.

It is recognised that bullying has a negative effect on the health and safety of the workplace, including psychological safety, and the College acknowledges its duty to eradicate bullying as far as possible.

3.1 DEFINITIONS

3.1.1 Equal Opportunity

Equal Opportunity is the absence of discrimination or less favourable treatment in employment based on an attribute, such as a person’s sex, race, age or disability.

Equal opportunity applies to
- persons seeking employment with the College;
- determining who is offered employment and on what terms;
- access to opportunities for training, promotion and transfer;
- termination of employment.
3.1.2 Discrimination

Discrimination means treating a person with an identified attribute or personal characteristics less favourably than a person who does not have the attribute or personal characteristic.

There are two types of discrimination: direct and indirect.

Direct Discrimination is treating a person less favourably because of an attribute or personal characteristic regardless of the discriminator’s motive and whether they are aware of the discrimination or consider the treatment less favourable.

Indirect Discrimination occurs when an unreasonable rule, requirement or practice exists which appears neutral, but which has a discriminatory effect against a group of people of a particular race, sex or other equal opportunity legislative descriptor who cannot comply.

Grounds of Discrimination

State and federal legislation outline a list of characteristics protected by law against which discrimination is unlawful. In accordance with this legislation, discrimination at the College is prohibited on the following grounds:

- sex;
- marital status;
- pregnancy and potential pregnancy;
- race (including colour, nationality, national extraction, descent or origin);
- immigration;
- religious belief or activity;
- political belief or activity;
- disability and impairment (both physical and intellectual);
- trade union membership and industrial activity;
- sexual orientation;
- lawful sexual activity;
- transgender, gender history and transsexual status;
- carer status and family responsibilities;
- physical features;
- irrelevant medical record;
- irrelevant criminal record;
- HIV/AIDS;
- breastfeeding;
- age; and
- association with a person who is identified by reference to any of these attributes.

3.1.3 Harassment

Harassment is any type of unwelcome behaviour that is based on one of the attributes covered by law, e.g. sex, race or disability etc., and which offends, humiliates or intimidates the person being harassed.

In general, harassment is any behaviour that is:

- not wanted, not asked for and not returned;
- likely to humiliate (put someone down), seriously embarrass, offend or intimidate (threaten or scare) someone; and
- based on a personal characteristic (or family or friend’s characteristic) protected by law.
It could include:
- distributing offensive material such as racist posters;
- abuse or comments;
- humiliating initiation rites;
- bullying.

Harassment is not just unlawful during working hours or in the workplace itself. The behaviour is illegal in any work related context, including conferences, work functions and office Christmas parties.

### 3.1.4 Sexual Harassment

Sexual Harassment is defined as unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated.

Sexual harassment may include, but is not limited to; leering, displays of sexually suggestive pictures, videos, audio tapes, books or objects, sexual innuendo, sexually explicit or offensive jokes, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, pressure for sexual activity, persistent requests for dates, intrusive remarks, questions or insinuations about a person's sexual or private life, unwelcome sexual flirtations, advances or propositions and unnecessary touching of an individual, molestation or physical violence such as rape.

Reciprocal relationships between people do not constitute sexual harassment as they involve choice and consent.

At some levels sexual harassment is a crime and where the College believes that a crime has been or might have been committed, it will report the matter to the police for investigation.

### 3.1.5 Bullying

Bullying is repeated unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety.

"Unreasonable Behaviour" is behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten the employee or employees to whom the behaviour is directed; and

"Behaviour" includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening.

"Risk to health or safety" includes risk to the mental or physical health of the employee.

Bullying behaviour includes, but is not limited to the following:
- Manipulation;
- Intimidation;
- Verbal abuse or insults;
- Belittling remarks;
- Offensive remarks or behaviour;
- Degrading remarks or behaviour;
- Unreasonable persistent criticism which is not part of the performance review process;
- Nitpicking and fault finding without justification;
• Verbal and physical abuse (for example shouting or throwing things);
• Isolation from colleagues;
• Withholding information employees need to perform their job
• Setting of unachievable targets with the intent of causing employees to fail; and
• Taking credit for other people’s work and/or stealing ideas
• Repeated failure to give credit where due;

Workplace Bullying includes physical abuse and psychological abuse. Violent behaviour is a highly objectionable form of workplace bullying. Note, however, that it can be manifested in more subtle ways that impact on the health and well being of the victims of workplace bullying.

Behaviour will only be defined as bullying if a reasonable person observing the situation would consider it to be bullying. The ‘reasonable person’ is defined as an objective third party.

What is not bullying?

Genuine and reasonable disciplinary procedures, directions or performance related management are not bullying. All employers have the fundamental right to direct, monitor and control how work is done. For example comments which are objective and indicate observable deficiencies in performance or conduct do not constitute workplace bullying. Constructively delivered feedback or counselling is intended to assist employees to improve their work performance or the standard of their behaviour.

By contrast, comments unrelated to actual performance and an unnecessarily aggressive management style that is used to embarrass or humiliate the employee may constitute bullying, especially when this behaviour occurs in conjunction with other bullying behaviours.

3.1.6 Vilification

Vilification is behaviour that conveys serious racial and religious intolerance through actions that seriously malign, abuse or derogate people or groups because of their racial or religious background. Actions can include intimidation, damage to property, graffiti, and expressions of hatred or contempt.

3.1.7 Occupational Violence

Occupational Violence is defined as any incident where an employer or employee is abused, threatened or assaulted in a situation relating to their work

3.1.8 Victimisation

Victimisation is harassing someone or treating them unfairly because that other person:
• has asserted their rights under this policy or equal opportunity legislation;
• has alleged that someone has breached this policy or equal opportunity legislation;
• intends to provide information as a witness to any sexual harassment, vilification or discriminatory conduct;
• supports an individual(s) who intends to, or has made, a complaint under this policy or equal opportunity legislation; or
• is believed to have done or proposed to do any of the above.
3.2 Consequences of Inappropriate Behaviour

Employees found guilty of inappropriate behaviour could face one or more of the following consequences:

- Formal apology
- Counselling
- Transfer
- Demotion
- Dismissal
- Other, mutually agreed upon, arrangements

3.3 Responsibilities

It is the responsibility of all staff to be familiar with this policy, to comply with it and to prevent inappropriate behaviour occurring in the first instance.

Additionally, as outlined in the Equal Opportunity Act 2010 (VIC), the College is required to take reasonable and proportional measures to eliminate discrimination, sexual harassment and victimisation as far as possible in the workplace.

3.3.1 All employees and contractors

This policy applies to everyone who works at the College in any capacity, whether full-time, part-time or casual, including temporary employees and contractors. The policy applies to the conduct of persons in the course of their employment:

- in the workplace (even outside normal working hours);
- during work activities (for example when dealing with external stakeholders);
- at work-related events (for example at conferences and work social functions).

It is the responsibility of all employees to involve themselves in the practical application of this policy in the course of their duties.

All employees have a responsibility to:

- comply with the College’s Inappropriate Behaviour Policy; pursuant to relevant legislation,
- take reasonable care for the health and safety of themselves and anyone affected by their acts or omissions.
- make a colleague who may be experiencing or engaging in inappropriate behaviour aware of this policy
- advise a supervisor, contact officer, line manager, a Director or the HR Manager of any situations where they believe they or someone else are being subject to inappropriate behaviour.
- maintain confidentiality in accordance with this policy.

3.3.2 Managers and Supervisors

Specific responsibility falls upon management, supervisors and employees professionally involved in recruitment, employee administration and training. Managers and supervisors have a responsibility to:

- act appropriately themselves;
- monitor the workplace to ensure that acceptable standards of conduct are observed at all times;
- promote the College’s Inappropriate Behaviour Policy within their work area;
- treat all issues seriously and take immediate action to resolve the matter;
• refer complaints to another person if they do not feel that they are the best person to deal with the situation (e.g. if there is a conflict of interest or if the circumstances are particularly complex or serious).
• ensure that, as far as practicable, employees and contractors are provided with the necessary information, instruction, training and supervision in relation to the inappropriate behaviour policy.
• as far as practicable, ensure that clients and third parties do not engage in inappropriate behaviour.
• ensure that employees understand the nature of their role and responsibilities.
• gain awareness, training and skills in how to effectively manage their employees without resorting to inappropriate behaviour.
• be aware and monitor their workplaces for warning signs of inappropriate behaviour.
• where any of the warning signs are apparent, monitor the situation and, where necessary, investigated further to determine if inappropriate behaviour is occurring.

3.3.3 Risk Assessment

If a manager identifies that employees, contractors or third parties are exposed to potentially inappropriate behaviour they should conduct a risk assessment.

The purpose of the risk assessment is to determine the risks that need to be controlled and to assist in making decisions, in consultation with employees, about appropriate control measures.

3.4 Staff Contact Officers

Staff Contact Officers have a special role in assisting and supporting employees who believe that they have experienced inappropriate behaviours. Their role is to assist the individual staff member, enabling them to resolve their issues (e.g. in relation to harassment) through identifying options for stopping the offending behaviour.

If a complaint follows a formal step, the Staff Contact Officer can offer neutral support to the individual staff member, in the form of assisting and informing them of the due processes to be followed for resolution of the matter. Upon request, the Staff Contact Officer can attend but not participate directly in meetings and interviews as an agent of support.

3.5 Third parties

The prohibition against ‘inappropriate behaviours’ extends to all persons with whom employees come into contact in the course of their employment such as customers, visitors and service providers. This is a mutual obligation.

This policy has application with respect to the recruitment, selection and appointment of employees, the training and on-going development of staff, the management of employee performance, promotion, conduct, human resource policies and practices. The policy covers any actions or written or verbal statements made by employees whilst undertaking their assigned duties.

3.6 Liabilities

The College may be prosecuted for a breach of occupational health and safety legislation where it has failed to take practicable precautions to prevent the breach from occurring by and to employees, contractors, customers, visitors and members of the public.
Individuals engaging in some forms of inappropriate behaviour may be found guilty of a criminal offence. Very senior managers may also be found liable under occupational health and safety legislation if they fail to take care for their own safety or the safety of others.

As the area of occupational health and safety is a criminal jurisdiction, an individual found to have breached occupational health and safety legislation risks a hefty fine or imprisonment. They also risk termination.

4. ASSOCIATED DOCUMENTS

Issue Resolution regarding Inappropriate Behaviour in the Workplace Procedure located on the College Intranet.
Discipline for Unsatisfactory Performance or Conduct Procedure located on the College Intranet.
Cessation of Employment Policy located on the College website.

**External Documents Available from the Human Resources Office:**

Occupational Health and Safety Act 2004 (Victoria)
Prevention of Bullying and Violence at Work Guidance Note (WorkSafe Victoria)
Occupational Health, Safety & Welfare Act 1986 (South Australia) – Note Section 55A 2008 Amendment specifically referring to Bullying.
Equal Opportunity Act 2010 (Victoria);
Racial & Religious Intolerance Act 2000 (Victoria);
Racial Discrimination Act 1972 (Commonwealth);
Sex Discrimination Act 1984 (Commonwealth);
Racial Hatred Act 1995 (Commonwealth);
Disability Discrimination Act 1992 (Commonwealth);
Human Rights & Equal Opportunity Act 1995 (Commonwealth)

Further information is available at the Australian Human Rights and Equal Opportunity Commission (AHREOC) website. The website contains a summary of the sexual harassment, human rights, anti-discrimination and equal opportunity legislation in Australia:


and from the New Zealand “Public Access to Legislation Project” web site:


4. COMMUNICATION

This policy is publicly available on the College website. Staff shall receive periodic reminders about its existence through the staff newsletter and staff meetings. New employees shall be informed of the policy through the induction process. Material changes to the policy and procedure shall be announced through staff meetings and staff newsletters.

Approver CEO
Authoriser Council
APPENDIX XIV

FELLOWSHIPS AND SCHOLARSHIPS

Stryker Prize

This Prize is awarded annually for the best research papers and the best scientific paper at the SET2-5 Registrars Conference. The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS. The Prize is to attend a Stryker training course in USA or Europe and covers the return air fare, accommodation and registration fee. It is funded by the Stryker Company.

1. The prize is awarded by a majority vote of a committee consisting of the convenor (or his nominee) and the Chairman of the Board of Plastic and Reconstructive Surgery (or his nominee).
2. The prize will be announced at the end of the registrar presentations at the Registrars’ Conference.
3. The convenor shall inform the medical company and assure the transfer of necessary funds to the recipient.

The Emmett Prize

Professor Anthony J J Emmett donated the funds for this Prize in 1993. Initially the prize was given for original clinical research. His intention was to encourage “the habit of enquiry and good records in young trainees”, believing that it would “enrich their surgical lives for the rest of their careers”.

1. The prize is for the best clinical paper at the Registrar’ Conference and is for publication.
2. The prize is awarded by a majority vote of a committee consisting of:
   · the convenor (or his nominee)
   · the Chairman of the Plastic and Reconstructive Surgery board (or his nominee) and the President of A.S.P.S. (or his nominee) if held in Australia or the President of New Zealand Association of Plastic Surgeons (or his nominee) if held in New Zealand.
3. The prize will be announced at the end of the registrar presentations at the Registrars’ conference.
4. The convenor shall inform the ASPS Secretary who will arrange transfer of funds, following publication.

**Plastic and Reconstructive Surgical Research Award**

This research award is funded by the Australasian Foundation for Plastic Surgery to promote and support plastic surgical research and to encourage specialist trainees and recent fellows to undertake postgraduate research studies. It recognises the link between research and clinical advances and demonstrates the Plastic Surgeon’s commitment to academic excellence within its specialty. Awards are designed to encourage a one year period of supervised research, preferably leading to a research degree.

**Eligibility:**

- The award will preferably be offered to a researcher as a scholarship with departmental support but maybe awarded to a research department as a research grant in aid.
- The applicant must be a SET trainee or recent Fellow in Plastic Surgery.
- The research must be undertaken in Australia or New Zealand.
- The researcher must demonstrate a commitment and capacity to research.
- The researcher should undertake a postgraduate degree.
- The scholar will be assessed on curriculum vitae, research project, supporting institution and referees reports.
- Research department applications will be assessed on the basis of the quality of the research project in the absence of suitable candidates.

**Award:** $25,000 per annum.

**Application:** Applicants must provide:

- Full details of their qualifications and experience together with detailed information on the proposed postgraduate studies.
- Reports from two referees on the applicant’s suitability to undertake the proposed studies should be provided.
- Applications from departments for grants in aid should have supporting statements from the head of department or institution confirming that appropriate infrastructure support is available.

The Award recipient is expected to attend the Plastic & Reconstructive Surgery Dinner at the Annual Scientific Congress of the College in May for a formal presentation of the award.

Information regarding the Award and applying for the Award is available from the ASPS office.
# FELLOWSHIPS AND SCHOLARSHIPS

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<th>Fellowship Title</th>
<th>Contact Person</th>
<th>Telephone Contact</th>
<th>Email Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Children’s Hospital Hand and Microsurgery Fellowship</td>
<td>Christopher Coombs</td>
<td>03 9345 5391</td>
<td><a href="mailto:tanya.armstrong@rch.org.au">tanya.armstrong@rch.org.au</a></td>
</tr>
<tr>
<td>Avenue Day Surgery, Melbourne Plastic Surgery Fellow</td>
<td>Allan Kalus</td>
<td>03 9521 1777</td>
<td><a href="mailto:allan@avenueplasticsurgery.com">allan@avenueplasticsurgery.com</a></td>
</tr>
<tr>
<td>O’Brien Institute Research Fellowships</td>
<td>Prof. Wayne Morrison</td>
<td>03 9288 4018</td>
<td><a href="mailto:wayne.morrison@unimelb.edu.au">wayne.morrison@unimelb.edu.au</a></td>
</tr>
<tr>
<td>St. Vincent’s Hospital, Melbourne Hand Surgery Fellowship</td>
<td>Tony Berger</td>
<td>03 9417 7122</td>
<td><a href="mailto:tony.berger@vhsa.com.au">tony.berger@vhsa.com.au</a></td>
</tr>
<tr>
<td>The Melbourne Institute of Plastic Surgery Advanced Aesthetic Plastic Surgery Fellowship</td>
<td>Graeme Southwick</td>
<td>03 9500 0655</td>
<td><a href="mailto:graemes@melbplastsurg.com">graemes@melbplastsurg.com</a></td>
</tr>
<tr>
<td>University of Sydney Acute Burns and Burns Reconstructive Surgery</td>
<td>Peter Maitz</td>
<td>02 9767 7775</td>
<td><a href="mailto:pmai4327@usyd.edu.au">pmai4327@usyd.edu.au</a></td>
</tr>
<tr>
<td>Craniofacial Research</td>
<td>Mark Gianoutsos</td>
<td>02 9650 4980</td>
<td><a href="mailto:reception@markgianoutsos.com.au">reception@markgianoutsos.com.au</a></td>
</tr>
</tbody>
</table>
1. Introduction

1.1. Definitions of Terms

1.1.1. **AMC** means the Australian Medical Council.

1.1.2. **Applicant** means an individual who applies for selection into the Plastic and Reconstructive Surgical Training Program.

1.1.3. **ASPS** means the Australian Society of Plastic Surgeons.

1.1.4. **Board** means The Board of Plastic and Reconstructive Surgery.

1.1.5. **College or RACS** means the Royal Australasian College of Surgeons.

1.1.6. **NZAPS** means the New Zealand Association of Plastic Surgeons.

1.1.7. **MCNZ** means the Medical Council of New Zealand.


1.1.9. **Selection** means selection into the accredited Plastic and Reconstructive Surgical Training Program.

1.2. Purpose of Regulations

1.3. These regulations serve as the guidelines for selection into Plastic and Reconstructive Surgery in Australia and New Zealand. This selection policy is in accordance with the accreditation requirements of the Australian Medical Council and has been endorsed by the Medical Council of New Zealand and is in accordance with the Brennan Principles. The selection of Plastic and Reconstructive Surgical Trainees in Australia is conducted by the Australian Society of Plastic Surgeons as a component of the service agreement between The Royal Australasian College of Surgeons and ASPS. The New Zealand selection process is administered by RACS.

We endeavour to maintain the fairest possible best practice selection process for the benefit of patients, applicants and the training program. This is accomplished through the Board's annual review and refinement of the process. These selection regulations in combination with the RACS “Selection to Surgical Education and Training” Policy are the final authority and policy governing the Plastic and Reconstructive Surgical Selection Process.

1.4. Related Documents

This document is supplemental to and in accordance with the RACS policy “Selection to Surgical Education and Training” and the information posted on the RACS website.
1.5. Selection Administration

The Board of Plastic and Reconstructive Surgery selects surgical trainees annually. Two separate selection processes are conducted, one occurs in Australia, the other in New Zealand. Australian and New Zealand applicants may apply to either training program, but not both. The following Board members participate in and are responsible for all Australian selection decisions:

- The Chairperson of the Board of Plastic and Reconstructive Surgery
- Six (6) Regional Subcommittee Chairpersons
- The Senior Examiner in Plastic and Reconstructive Surgery
- Other Persons as Deemed Appropriate by the Board

2. Eligibility

2.1. All applicants must satisfy the RACS eligibility requirements posted on the College website in addition to the requirements listed in this document.

2.2. Applicants must have permanent residency or citizenship status in Australia or New Zealand.

2.3. Australian applicants must have unconditional registration to practise medicine in Australia.

   New Zealand applicants must have current and valid medical registration from the MCNZ at the time of registration. New Zealand applicants must have general scope registration without restriction or general scope registration restricted to general surgery.

2.4. Applicants must have satisfactorily completed their internship and must be in post-graduate year 2 (PGY2) or later to be eligible to apply.

2.5. Applicants must complete a term of at least eight (8) working weeks in an Emergency or Critical Care rotation at a post graduate level, within the past five (5) years, by the closing date of applications. Emergency or Critical care includes Emergency Department (ED), Intensive Care Unit (ICU) and High Dependency Unit (HDU). Full details are to be provided of High Dependency Unit (HDU) experience and it will be referred to the Regional Chair for consideration.

Applicants will be exempt from this requirement who are:

- SET trainees in another SET training program
- Have been in SET training in the last two years
- FRACS qualified.

Trauma, Burns, Cardiothoracic and Vascular unit experience are not considered as being an Emergency or Critical Care rotation.
Applicants must complete at least ten (10) working weeks in a Plastic and Reconstructive Surgical rotation at a post graduate level within the past five (5) years, by the closing date of applications.

Applicants will be exempt from this requirement who are:

- In SET 5 of a non-Plastic & Reconstructive SET training program
- Possess a non-Plastic & Reconstructive Surgery FRACS
- Possess an overseas specialist surgical qualification

2.7 All applicants must consent to a criminal records check and provide all requested documentation to enable this to be undertaken.

3. **Application Process Overview**
   
   3.1. By submitting the application, the applicant certifies that the information is correct to the best of his or her knowledge. Any intentionally misleading or falsified information will result in the application being withdrawn from the selection process.

   3.2. The Board has the right to contact previous supervisors and employers to confirm that the information listed in the application is correct.

3.3. **Selection Criteria**
   
   The aim of the College and the Board is to select surgical trainees who possess the attributes outlined in the 9 College Competencies. The Competencies are as follows:

   - Professionalism
   - Scholar/Teacher
   - Health Advocacy
   - Management and Leadership
   - Collaboration
   - Communication
   - Medical Expertise
   - Judgment and Clinical Decision Making
   - Technical Expertise

3.4. **Selection Tools**

   The Board applies three selection tools in assessing an applicant’s suitability for the training program. These selection tools are the Structured Curriculum Vitae, the Online Referee Report, and the Semi-Structured Interview. In 2013, the weightings of these devices are as follows:
<table>
<thead>
<tr>
<th>Selection Tool</th>
<th>Weighting</th>
<th>Maximum Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Curriculum Vitae</td>
<td>20%</td>
<td>200 points</td>
</tr>
<tr>
<td>Confidential Referee Report</td>
<td>35%</td>
<td>350 points</td>
</tr>
<tr>
<td>Semi-Structured Interview</td>
<td>45%</td>
<td>450 points</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>1000 points</strong></td>
</tr>
</tbody>
</table>

4. **Selection Administration Information**


4.2. Applications will be available online via a link at the College website. Applications open on 13 March, 2013 and close on 5 April, 2013 at 12:00pm AEDT.

4.3. All Selection Correspondence will be by email. Applicants are responsible for providing a correct email address. Applicants applying for the Australian program must notify the ASPS office by email at: education@plasticsurgery.org.au of any changes during the process. Applicants applying for the New Zealand program must notify the RACS office by email at: Celia.Stanyon@surgeons.org of any changes during the process.

4.4. All applicants who meet the eligibility criteria will be considered competitive in the selection process.

4.5. Applicants are responsible for the submission of all supporting documentation requested prior to the application deadlines. Insufficient supporting documents may result in a reduced selection score or the withdrawal of the application from the selection process.

4.6. Not all applicants will receive an interview during the selection process. Only applicants receiving a combined CV and Online Referee Report score of 330 or greater will be interviewed. This short listing cutoff is based on applicant data from previous selection cycles and is subject to annual review.

4.7. **Selection Classifications**

Applicants will be classified as:

- Successful (applicant will receive a training post offer)
- Unsuccessful (applicant did not rank high enough to receive an offer), or
- Unsuitable (applicant failed to satisfy the minimum selection criteria during the selection process.

These classifications are in accordance with the College “Selection to Surgical Education and Training” Policy.
4.8. Applicants will be ranked based on a composite score of all three selection tools. The maximum score possible in 2013 is 1000 points.

4.9. If more than one applicant has the same total score, the applicant with the higher interview score will receive the higher ranking.

4.10. If more than one applicant has the same total and interview score, the applicant with the higher Online Referee Report score will receive the higher ranking.

4.11. Applicants may begin training at the SET1 (5 years of training) or SET2 (4 years of training) levels. SET Placements and the level at which trainees commence training are determined by the Board based on a combination of applicant rank, preference and experience. The Board endeavours to give all applicants their first preference of training location but cannot guarantee this. The Board’s decision on trainee placement is final.

4.12. The number of training positions offered in Australia in 2012 was sixteen (16). It is expected that approximately twelve (12) training positions will be offered in 2013. The number of positions offered in New Zealand in 2012 was three (3). It is expected that approximately three (3) positions will be offered in 2013.

5. **Curriculum Vitae (CV) Scoring**

5.1. The CV scoring process is designed to capture information on some aspects of the applicant’s surgical experience, publications and presentations, research and educational qualifications, and special skills.

5.2. CVs are scored in Australia by the ASPS executive with oversight provided by a member of the Board. In New Zealand they are scored by the New Zealand Executive Officer of the Board, assisted by a member of the College office. CVs are scored independently by at least 2 (two) scorers and compared for accuracy. In the instance of a discrepancy between scorers, the participating Board Member will make the final scoring decision.

5.3. **Surgical Experience Section**

5.3.1. Applicants will receive CV credit for the following surgical experience:

<table>
<thead>
<tr>
<th>Surgical Experience</th>
<th>(6 months minimum) (Not including 10 week requirement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;RS Registrar</td>
<td></td>
</tr>
<tr>
<td>P&amp;RS Fellows Post</td>
<td></td>
</tr>
<tr>
<td>P&amp;RS Resident Post</td>
<td></td>
</tr>
<tr>
<td>Non-P&amp;RS Registrar</td>
<td></td>
</tr>
<tr>
<td>Overseas P&amp;RS Registrar, SHO or Resident</td>
<td></td>
</tr>
<tr>
<td>Overseas Non-P&amp;RS Registrar</td>
<td></td>
</tr>
</tbody>
</table>
**Other Surgical Qualifications**

- Non-P&RS FRACS
- Full Overseas Surgical Qualification (Must be FRACS Equivalent)

**Dental/Oral Surgery Qualifications**

- FRACDS

5.3.2 Combination and part-time terms will be adjusted pro-rata. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.3.3 No credit will be given for surgical experience acquired after the application closing date.

5.3.4 Credit will be given for surgical experience in Plastic and Reconstructive Surgery acquired within five (5) years prior to the application closing time. **(Credit will only be given for Plastic and Reconstructive Surgery experience in excess of the minimum 10 weeks required for eligibility).**

5.3.5 Credit will be given for other surgical experience, not in Plastic and Reconstructive Surgery acquired within two (2) years prior to the application closing time.

5.3.6 If an applicant has done a plastic surgery rotation it must be included in their application.

5.4. Publications Section

5.4.1 Accepted publications include articles and case reports in major Plastic and Reconstructive Surgical journals and other medically-related, peer-reviewed mainstream Medline, printed surgical journals (see list at 5.4.9). Solely online journals will not be accepted. Article creditworthiness is at the Board’s discretion. Any publication unknown to the CV scorers may be reviewed by the Board. This may result in the article not receiving credit if the publication does not meet Board quality standards. The impact factor threshold level for accepted papers will be considered.

5.4.2 Book reviews, letters to journals and abstracts are not scored and must not be submitted.

5.4.3 Credit will be given for each publication where the applicant is the principal author.

5.4.4 Half credit will be awarded for each publication where the applicant is not the principal author.
5.4.5. Publications which have been accepted for publication will be scored as if they have been published if written proof of acceptance for publication is submitted.

5.4.6. No credit will be given for articles which have not been approved in writing for publication and these must not be submitted.

5.4.7. Multiple publications with duplicate or similar topics or content will only attract credit for one (1) publication or presentation.

5.4.8. Where the same article has been used as a journal article and also as a presentation or poster presentation it must be submitted once only, either as a journal article or a poster presentation. It will be allocated points once only either as a journal article, presentation or poster.

5.4.9. The list of accepted publications which will be accepted for articles and case reports is:

**Major plastic & reconstructive journals**
- Annals of Plastic Surgery
- European Journal of Plastic Surgery
- Journal of Hand Surgery – (either British or American Journal)
- Plastic and Reconstructive Surgery
- Scandinavian Journal of Plastic Surgery

**Medline/Pubmed print journals**
- Advances in Experimental Medicine & Biology
- Aesthetic Plastic Surgery
- Aesthetic surgery journal / the American Society for Aesthetic Plastic surgery
- American Journal of Forensic Medicine and Pathology, The
- American Journal of Rhinology & Allergy
- Annals of Surgical Oncology
- Annals of Thoracic Surgery, The
- Anticancer Research
- ANZ Journal of Surgery
- Archives of Orthopedic and Trauma Surgery
- Arthritis and Rheumatism
- Australian & New Zealand Journal of Obstetrics & Gynaecology, The
- Australian Family Physician
- Australian Journal of Science and Medicine in Sport
- Autonomic Neuroscience
- BJUI (British Journal of Urology)
- Breast Journal, The
British Journal of Anaesthesia
Burns
Canadian Journal of Emergency Medicine (CJEM)
Cancer
Cancer Genomics and Proteomics
Ceylon Medical Journal
Clinical Breast Cancer
Clinical Oncology
Cochlear Implants International
Cornea
Craniomaxillofacial Trauma and Reconstruction
Critical Care and Resuscitation
Critical Care Medicine
Dis Colon Rectum
EJSO - the Journal of Cancer Surgery
Emergency Medicine Journal
ePlasty
European Journal of Surgical Oncology
Eye, London
Forensic science, medicine, and pathology
Genetics Research
High Altitude Medicine & Biology
HPB (Oxford) - official journal of the International Hepato Pancreato Biliary Association
Human Gene Therapy
Hypertension
In Vivo
Injury, the International Journal of the Care of the Injured
Internal Medicine Journal
International Journal of Otolaryngology
International Journal of Stroke
Journal of Bone and Joint Surgery, The
Journal of Brachial Plexus and Peripheral Nerve Injury
Journal of Burn Care and Research
Journal of Cancer Survivorship
Journal of Cerebral Blood Flow and Metabolism
Journal of Clinical Neuroscience
Journal of Craniofacial Surgery, The
Journal of Emergency Medicine
Journal of Forensic and Legal Medicine
Journal of forensic sciences
Journal of Gastrointestinal Cancer
Journal of Gastrointestinal Surgery
Journal of Gene Medicine
Journal of Hospital Infection
Journal of Laryngology and Otolaryngology, The
Journal of Minimally Invasive Gynecology
Journal of Neurocytology
Journal of Neuroscience, The
Journal of Obstetrics and Gynaecology (J Obstet Gynaecol)
Journal of Oral and Maxillofacial Surgery - (either British, American or International)
Journal of Paediatrics and Child Health
Journal of Pathology, The
Journal of Pediatric Surgery
Journal of Physiology, The
Journal of radiology case reports
Journal of Reconstructive Microsurgery
Journal of Surgical Research
Journal of the Australasian Academy of Critical Care Medicine
Journal of Thrombosis and Haemostasis
Journal of Tropical Pediatrics
Journal of Wound Care
Medical Journal of Australia, The
Medicine, Science and The Law
Microsurgery
Neurobiology of Aging
Neuroscience
Neurosurgical Review
Obesity Surgery
Ochsner Journal, The
Open Access Journal of Plastic Surgery (aka ePlasty)
Ophthalmic Plastic and Reconstructive Surgery
Ophthalmology
Oral Oncology
Orbit
Osteoarthritis Cartilage
Pathology
Pediatric Cardiology
Postgraduate Medical Journal
Reproduction, fertility, and development
Retinal cases & brief reports
Rhinology
Scottish Medical Journal
Semin Arthritis Rheum
Tetrahedron Letters
The International Journal of Lower Extremity Wounds
Thrombosis Research
Timișoara Medical (Timisoara medical journal)
Tissue Engineering
Tobacco Control
Transplant immunology
World Journal of Surgery

5.5. Presentations Section

5.5.1. Applicants will receive credit for presentations and posters at events which involve competitive selection only.

5.5.2. Accepted presentations include presentations at:
- RACS Annual Scientific Congress (ASC)
- ASPS Plastic Surgery Congress (PSC)
- New Zealand Annual Scientific Meeting
- Australasian Society of Aesthetic Plastic Surgery (ASAPS) annual conference
- Australian and New Zealand Burn Association (ANZBA) annual conference
- Australian Hand Surgery Society (AHSS) annual conference
- Australasian Cleft Lip and Palate Association
- Asian Pacific Craniofacial Association
- Australian & New Zealand Head and Neck Cancer Society Meeting
- an international medical and surgical science conference (determined by the type of event, not the location)
- a State surgical science conference.

5.5.3. Accepted poster presentations include poster presentations at:
- RACS Annual Scientific Congress (ASC)
- ASPS Plastic Surgery Congress (PSC)
- New Zealand Annual Scientific Meeting
- Australasian Society of Aesthetic Plastic Surgery (ASAPS) annual conference
- Australian and New Zealand Burn Association (ANZBA) annual conference
- Australian Hand Surgery Society (AHSS) annual conference
- Australasian Cleft Lip and Palate Association
- Asian Pacific Craniofacial Association
- Australian & New Zealand Head and Neck Cancer Society Meeting
- an international medical and surgical science conference (determined by the type of event, not the location)
- a State surgical science conference...

5.5.4. No points will be awarded for presentations at in-house hospital meetings, Hospital Grand Rounds, Morbidity Meetings, Unit Audits or similar “domestic” venues.

5.5.5. The applicant must be the first author of the presentation or poster and deliver the presentation.

5.5.6. Presentations and posters must be directly relevant to medicine for credit to be granted.

5.5.7. Presentations are classified for credit purposes by the target audience and not the geographical location.

5.5.8. Multiple presentations with duplicate or similar topics will only attract credit for one (1) presentation only.

5.5.9. A presentation or poster which is based on a credited publication will attract no further points and is not to be submitted.

5.5.10. Presentations which have been accepted for presentation at a meeting will be scored as if they have been presented, only if written proof of acceptance for presentation is provided.

5.5.11. Presentation creditworthiness is at the Board’s discretion. Any presentation or poster presentation unknown to the CV scorers may be reviewed by the Board. This may result in the presentation or poster not receiving credit if the presentation does not meet Board quality standards.

5.6. Educational Qualifications Section

5.6.1. Applicants will receive credit for completing the following degrees:

- Bachelor of Science (Medicine) (with proof of thesis shown)
- Bachelor of Medical Science (with proof of thesis shown)
- Master of Surgery (MS)
- Doctor of Medicine (MD)
- PhD (medically related).

5.6.2. Applicants will receive partial credit for the following degrees:
- Completion of a PhD (non-medically related)
- Enrolment in an MD or PhD Program (medically related) at the application closing date.

5.6.2.1. Applicants will not receive any credit for enrolment in a Master of Surgery (MS).

5.6.3. No credit will be awarded for a Bachelor of Science (Medicine) or Bachelor of Medical Science without completion of a thesis. Applicants will not receive credit for an undergraduate thesis without attaching evidence from the university which contains the name of the degree and the name of the thesis topic.

5.6.4. Overseas qualifications must have been assessed by the relevant authorities in Australia and/or New Zealand as equivalent to the relevant Australian or New Zealand qualification. In New Zealand, this is the New Zealand Qualifications Authority (NZQA).

- For a Master of Surgery done overseas, this degree is considered equivalent if the candidate has completed a minimum 12 months of full time study and completed a thesis. A letter from the supervisor outlining these criteria must be provided. A clinically based MS degree is not accepted.
- For a Doctor of Medicine done overseas, the degree is considered equivalent if the candidate can outline the thesis presented for completing the degree. A letter from the university and/or supervisor outlining the work undertaken must be provided. An MD equivalent of an undergraduate qualification is not accepted.
- For a PhD done overseas, it is considered equivalent if the candidate has completed a minimum of 3 years full time study and completed a thesis. A letter from the supervisor and/or institution outlining these criteria must be provided.

5.7. Special Skills Section

5.7.1. Applicants will receive credit for the following special skills:
- Undergraduate academic awards (not for obtaining tertiary qualifications including degrees, masters degrees, etc)
- Medical and surgical awards
- Non-Medical awards
- Paid medical management positions
- Organisational leadership positions on medical or surgical committees or medical or surgical boards
- Attendance at plastic surgery meetings and conferences
- Medical courses attended
- Volunteer work undertaken in a not for profit organisation over 6 months in length
- Special skills including language skills and sporting achievements.

5.7.2. Undergraduate academic awards eligible for CV credit include university medals, first and second class honours, honour society membership, and placement on the merit/dean’s list, not for gaining tertiary qualifications.

5.7.3. Applicants will receive credit for organisational leadership positions on medical or surgical committees, or medical or surgical Boards. Organisational participation is subject to investigation by the Board and credit will be awarded at the Board’s discretion.

5.7.4. Applicants will not receive credit for volunteer work by virtue of membership in a not for profit organisation and must demonstrate active participation for a period of time over 6 months to receive credit.

5.7.5. For special skills, applicants will receive credit for documented participation in sporting events at State representative or national representative level, or for the documented learning of a foreign language.

5.7.6. Applicants will not receive credit for any activities which occurred prior to the completion of the applicant’s secondary education.

5.7.7. Applicants will not receive credit for demonstrating financial or physical sacrifices such as cash donations to charities and/or blood/organ donation.

5.8. The scores in each CV subsection will be combined into a final overall score and a CV scoresheet for each applicant will be maintained.

6. Online Referee Reports

6.1. The Online Referee Report is a confidential report gathered from several evaluators who are familiar with the professional and/or technical capabilities of the applicant. The report is an indicator of applicant skills and is divided into several categories of professionalism.

6.2. Contacts Required for the Online Referee Report

6.2.1. Applicants must provide the current email address of all Plastic and Reconstructive Surgical Consultants with whom they have worked over the past five (5) years. Prior to submission
of an application, applicants must contact each consultant and obtain their current email address.

6.2.2 Applicants must provide the current email address of all non- Plastic and Reconstructive Surgical Consultants with whom they have worked over the past two (2) years. Prior to submission of an application, applicants must contact each consultant and obtain their current email address.

6.2.3 Applicants must provide the current email address of at least one clinical nurse unit manager, charge nurse, clinical nurse consultant or unit nurse, or equivalent from each surgical term over the past two (2) years. Prior to submission of an application, applicants must contact each nurse and obtain their current email address.

6.2.4 Applicants must confirm that each of the consultants and nurses nominated as referees have been contacted by the applicant prior to the applicant submitting an application and have been informed of the selection timelines and that they may be contacted by the College during the selection process.

6.2.5 Applicants may be withdrawn from the selection process if misleading or incorrect contact information is provided.

6.2.6 The referees nominated by an applicant must be persons that the applicant has not just had surgical assistance with but who are able to assess performance in a plastic surgery or other type of surgical unit within a public hospital environment or a recognised plastic surgery training unit within a private hospital, otherwise it will not be a valid referee.

6.3 The Board will collect all Online Referee Reports and applicants will not be involved in the confidential collection process. The Board may contact hospital units and Consultants to ensure that the information provided about the applicant’s history is correct.

6.4 The Board will contact eight (8) consultants and two (2) nurses and endeavour to obtain four (4) reports from surgical consultants and one (1) report from a nurse.

6.5 The Board will choose the referees from the information provided by the applicant.

6.6 Each applicant should have at least two (2) P&RS Consultants in his or her final report.

6.7 If the minimum number of reports (4 consultants and 1 nurse) is not submitted by the closing date, the application will be formally withdrawn from the selection process.

6.8 Any Consultant report which is less than seventy five percent (75%) complete (12 out of 16 questions answered) will be considered invalid. Any nurse report which is less than seventy five percent (75%) complete (6 out of 8 questions answered) will be considered invalid.
7. **The Semi-Structured Interview**

7.1. **Interview Purpose**

The interview is designed to enable an interview panel to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.

7.2. All shortlisted applicants are entitled to an interview. Interview notifications will be sent out at least ten (10) business days prior to the interview date. Applicants may not necessarily be interviewed in their home state and may be required to travel interstate for a selection interview at their expense.”

7.3. The 2013 interviews will be held in June, 2013.

7.4. It is the responsibility of the applicant to arrive fifteen (15) minutes prior to the interview.

7.5. Applicants are responsible for all travel costs incurred when attending interviews.

7.6. Applicants who do not arrive fifteen (15) minutes prior to their interview with photo identification (driver’s license or passport) will not be considered further in the Selection process.

7.7. Applicants will be briefed on the interview process and will be given the opportunity to ask any process-related questions.

7.8. The 2013 interview panels will be composed of two (2) or three (3) Consultant Plastic Surgeons. Applicants will be interviewed at three (3) separate panels. An additional Consultant may attend the interview for observation purposes.

7.9. All applicants will be asked the same initial questions at interview; follow-up questions may vary based on applicant responses.

7.10. **Interview Scoring**

Applicant responses at interview will be evaluated based on a standardised interview scoring guide which contains favourable and unfavourable indicators. Each panel member will provide a rating on a note taking sheet. Panel members will discuss ratings following the interview and mark a composite rating on the final assessment sheet. One (1) final assessment sheet will be provided by each panel, equalling a total of two (2) or three (3) final assessment sheets. These scores will be combined into a total applicant score. The completed final assessment sheets will be maintained as records of the interview.
7.11. **Scoring Methodology Background**

The scoring methodology was developed through consultation with the Board of Plastic and Reconstructive Surgery and experts in selection development. This method enables a standardised evaluation of the applicant weighted against the desirable competencies in Plastic and Reconstructive Surgical trainees and consultants.

8. **Applicant Feedback**

8.1. Applicants will be classified according to the terms defined in section 4.7. The classifications are as follows: Successful, Unsuccessful, and Unsuitable.

8.2. All applicants have the right to appeal a selection decision. Any applicant wishing to lodge an appeal should refer to the College “Appeals Mechanism Policy and Procedures” on the RACS website.

8.3. All feedback requests must be submitted by email. All feedback to applicants will be provided by email, no verbal feedback will be provided.

8.4. **Feedback to Successful Applicants**

8.4.1. Successful applicants will be notified by email and subsequently a training agreement and conditions will be sent to them. All successful applicants must submit a signed training agreement to accept their training position.

8.4.2. Successful applicants will be offered a training placement based on a combination of ranking in the selection process and surgical experience. Applicants may not necessarily be placed in their home state and the training state in which a trainee is placed will be their training state for the duration of their training.

8.4.3. All trainee placement decisions are at the Board’s discretion and are final.

8.4.4. Successful applicants will receive logins for the College and ASPS websites after return of the signed training agreement.

8.5. **Feedback to Unsuccessful Applicants**

8.5.1. Unsuccessful applicants will be informed by email that they were found suitable for the program, but did not rank high enough to secure a training position.

8.5.2. Unsuccessful applicants will be provided with their overall standing in the selection process, their overall scores for each selection tool, the minimum standard they failed to achieve, the process available to seek more detailed feedback and direction to the College Appeals Mechanism.
8.5.3. Unsuccessful applicants will be provided with information by email on the wait listing process if second round offers are expected.

8.5.4. Upon email request, unsuccessful applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed.

8.6. Feedback to Unsuitable Applicants

8.6.1. Applicants deemed unsuitable will be notified by email and will not be considered further in the selection process.

8.6.2. Unsuitable applicants will receive information by email on the minimum standard they failed to achieve but will not be provided with a ranking in the selection process.

8.6.3. Upon email request, unsuitable applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed.